

**North Dakota
Real Choice Systems Change Grant
Rebalancing Initiative**

Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities in North Dakota

**A Survey of North Dakota Consumers of
Continuum of Care Services:**

Research Report Three

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Introduction

The North Dakota Real Choice Systems Change Grant - Rebalancing Initiative, also referred to as the Real Choice Rebalancing (RCR) Grant, is a project funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (HHS-CMS). The North Dakota Department of Human Services, Aging Services Division, was awarded a three-year grant in September 2004 to examine ways to make it easier for seniors and adults with disabilities in North Dakota (ND) to maintain their independence for as long as possible. The Aging Services Division established a contract with the North Dakota Center for Persons with Disabilities (NDCPD) to carry out substantial portions of the grant's work scope. The NDCPD is a Center of Excellence at Minot State University. Its role is to apply the experience, knowledge, talent, and research expertise of the university to the challenges facing disability and human services in ND. NDCPD engages in a wide range of research, training, dissemination, and technical assistance activities serving North Dakotans with disabilities, their families, those who work with them, and the agencies and systems serving them. NDCPD is a full member of the Association of University Centers on Disabilities (AUCD), a national network of disability research and training programs at leading universities throughout the country.

The goal of CMS's Real Choice Systems Change Grants is to implement the *Olmstead Decision* and *President Bush's New Freedom Initiative*. On June 18, 2001, President Bush directed Federal agencies to work together to "tear down the barriers" to community living by developing a government-wide framework for helping provide elderly and people with disabilities the supports necessary to learn and develop skills, engage in productive work,

choose where to live, and fully participate in community life. The *Olmstead Decision* calls upon states to integrate people with disabilities and provide community-based services.

The overall purpose of the ND RCR Grant is to take an in-depth look at the continuum of care system in the state and how ND can better implement the *Olmstead Decision* and the *New Freedom Initiative*. Specifically the RCR Grant goals are:

1. To increase access to, and utilization of, home and community-based services (HCBS) for the elderly and people with disabilities;
2. To provide a finance mechanism for home and community-based programs and services;
3. To increase choice and self-direction for the elderly and people with disabilities;
4. To decrease reliance on institutional forms of care; and
5. To develop a quality management mechanism for service delivery.

This project's consumer and stakeholder-dominated process will also gather information and work to build consensus on three key issues:

1. A mechanism to balance state resources for services for the elderly, people with disabilities, and their families in strengthening self-directed services in communities;
2. A system to provide a single point of entry (SPE) to services for the elderly and people with disabilities who are considering long-term HCBS and institutional services in ND; and
3. Practical and sustainable public information services for access to all long-term care services in ND.

This project will also develop a plan and draft potential legislation for balancing resources and establishing a statewide mechanism for SPE to the continuum of care services in ND.

Purpose of Research

A Survey of ND Consumers of Continuum of Care Services (CCCS): Research Report Three is part of a larger research project conducted by the RCR Grant. The larger research project also included focus groups, personal interviews, and questionnaires administered to ND hospital discharge planners. This report describes the questionnaires administered to ND consumers of continuum of care services conducted in the beginning of 2006, the scientific process of this research, and the findings.

The CCCS questionnaires were disseminated to gather information about consumer choice and access to continuum of care services (i.e., HCBS and nursing home care) for the elderly and people with disabilities and to gather ideas about ways to improve choice and access to these services. The RCR Grant Planning and Steering Committee members identified a need for further information gathered from consumers of continuum of care services (see Appendix A). It was thought necessary to gather additional consumer input regarding their recommendations for improving choice and access to all types of continuum of care services. This information could then be used in conjunction with the focus group data gathered from consumers to further identify ways to improve and build on the continuum of care service system. The intent of the questionnaire was to gain information from consumers regarding what continuum of care services they are using, what services are needed, how they learn about available continuum of care services, and how they are paying for services. The questionnaire also asked consumers to comment on various qualitative questions related to choices given; barriers encountered, development of a SPE system, and needed services.

As part of the larger research project, focus groups and personal interviews were conducted to gather information about current perceptions and suggestions for improving

choice and self-direction, quality, and access continuum of care services for the elderly and persons with disabilities. The focus group and personal interview results are detailed in the RCR Grant Research Report One.

In addition to the CCCS questionnaire, the RCR Grant also gathered information through a questionnaire sent to ND hospital discharge planners. The hospital discharge planner questionnaire results are detailed in the RCR Grant Research Report Two. The RCR Grant research project's mixed method approach (focus groups, personal interviews, and questionnaires) allows conclusions to be validated through data triangulation.

Research Method

Technique

RCR project staff examined several past ND studies relating to long-term support services. These past studies identified information we currently know and gave direction for the information that was still necessary to gather regarding choice and access to long-term support services. Throughout the development and implementation of the research project and the development of the CCCS questionnaires, the RCR planning and steering committees were consulted and provided input and recommendations. Decisions about the participants and questions to be asked were based on their recommendations. This interactive process of committee review, input, recommendations, and research refinement was an important aspect of the project, helping to assure the validity of the resulting data. Additionally, this research project was reviewed and approved by the Minot State University Institutional Review Board, following all necessary procedures for the protection of human research subjects.

The RCR Grant committee members identified a need for additional information from ND CCCS regarding their wants and needs, as well as identifying ways to improve choice and access to long-term support services. Using the focus group questions mentioned earlier as a starting point, the Steering Committee determined what information was valuable to gather from CCCS. Questionnaires were then drafted and reviewed by the RCR Steering Committee (see Appendix B).

The survey included both quantitative and qualitative questions. The qualitative or short answer questions were included in order to gather additional data to enrich the quantitative information. The questionnaires were developed carefully to exclude gathering any information that may personally identify the participant.

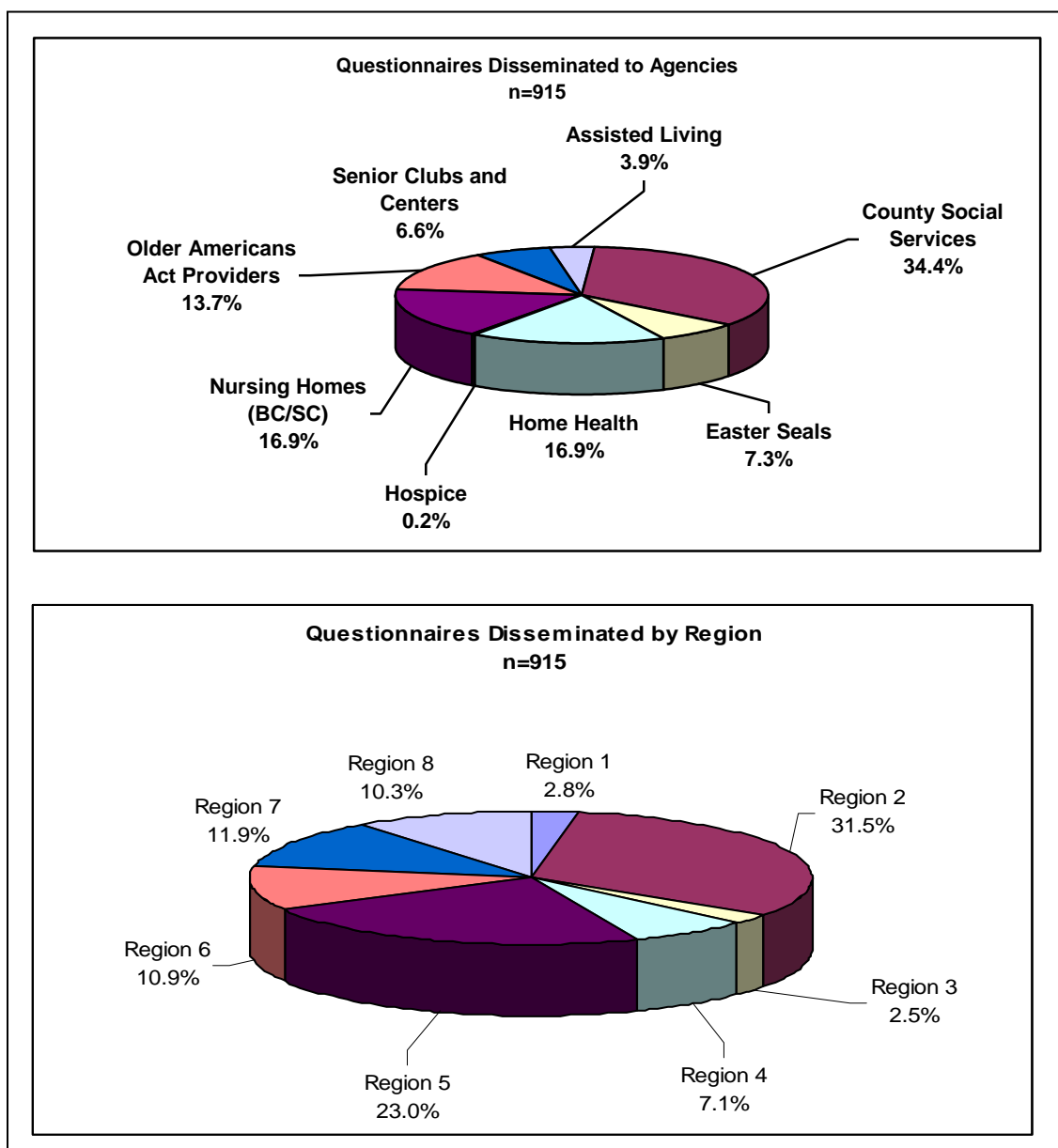
Data Collection and Analysis

Project staff obtained nine statewide lists of ND continuum of care service providers in the following categories: assisted living, centers for independent living, county social services, Easter Seals, home health, hospice, skilled and basic care facilities, Older Americans Act providers, and senior clubs and centers. Each file contained an alphabetical list of contact and program information for every provider within that category. For each category, the agencies were organized alphabetically by city. RCR staff examined all lists and removed duplicate entries. These nine lists were subsequently combined into one large agency contact list. Four hundred ninety-two agencies were combined to create one large agency contact list.

Project staff combined the large agency list and numbered the agencies from one to four hundred ninety-two. From this list, agencies were then randomly selected using a random number generator (RNG). Project staff determined that between 800 and 900 questionnaires

were to be sent out. Using the agencies that were selected through the RNG, project staff then contacted each agency and asked them if they would be willing to assist the project by disseminating questionnaires to CCCS. Participating agencies were asked to indicate the number of consumers who were cognitively intact and able to answer the questions and fill out the questionnaire with some assistance as needed. Due to confidentiality and the Health Insurance Portability and Accountability (HIPPA) Act of 1996 regulations, project staff were not able to obtain consumer's personal contact information, therefore agencies were asked to contact the consumers and disseminate the questionnaire on behalf of the RCR project staff. The agencies that participated gave project staff the number of consumers they felt were cognitively intact and could complete the questionnaire with limited assistance. Project staff continued to contact agencies who were included in the list generated by the RNG until 915 questionnaires were set aside for consumers. The 915 questionnaires were mailed to the thirty-six random participating agencies, located in various DHS Regions (see Figure 1), which is approximately 14 % of the total number of 492 possible agencies identified for this research project.

Figure 1



Each volunteering agency contact person was sent the appropriate number of questionnaires and a letter which asked them to hand-deliver the questionnaire to those consumers whom they had identified as cognitively intact and able to answer the questions with limited assistance when necessary (see Appendix C). Each questionnaire included a self-addressed, stamped envelope for the return of the questionnaire. In some instances, agencies

were not able to hand-deliver the questionnaires, so postage paid envelopes were included for individual agencies who requested them in order to mail the questionnaire to the consumer.

Some questionnaires that participating agencies intended to deliver to consumers were not due to circumstances beyond the Principle Investigator's control. A total of fifty-four undelivered or incomplete surveys were returned by participating agencies to project staff. Some of these participating agencies had estimated high on the number of questionnaires they would be able to deliver to consumers during the set dissemination time period and were unable to disseminate all of the questionnaires they requested. Some participating agencies had fewer clients than anticipated when initially asked to participate in the research project and were not able to disseminate all of the questionnaires they requested. One participating agency returned the questionnaires originally requested because they felt that the questionnaire was not appropriate for their clients.

In summary, 915 questionnaires were disseminated to participating agencies, 54 questionnaires were returned to project staff by agencies and not disseminated to consumers. Considering this information, it is presumed that approximately 861 questionnaires were disseminated to consumers of continuum of care services. Two hundred thirty-four of the 861 questionnaires (27% return rate) were returned by the requested deadline. Response rates for face-to-face interviews are typically in the 75% range, however, according to Robert Peterson, for mail surveys 10% is considered good. A response rate of 25% is considered minimum for statistical analysis purposes.¹

¹ Peterson, R.A., (2000). *Constructing effective questionnaires*. Thousand Oaks, CA: Sage Publications.

Bourque, L.B., & V.A. Clark, (1992). *Processing data: The survey example*. Thousand Oaks, CA: Sage Publications.

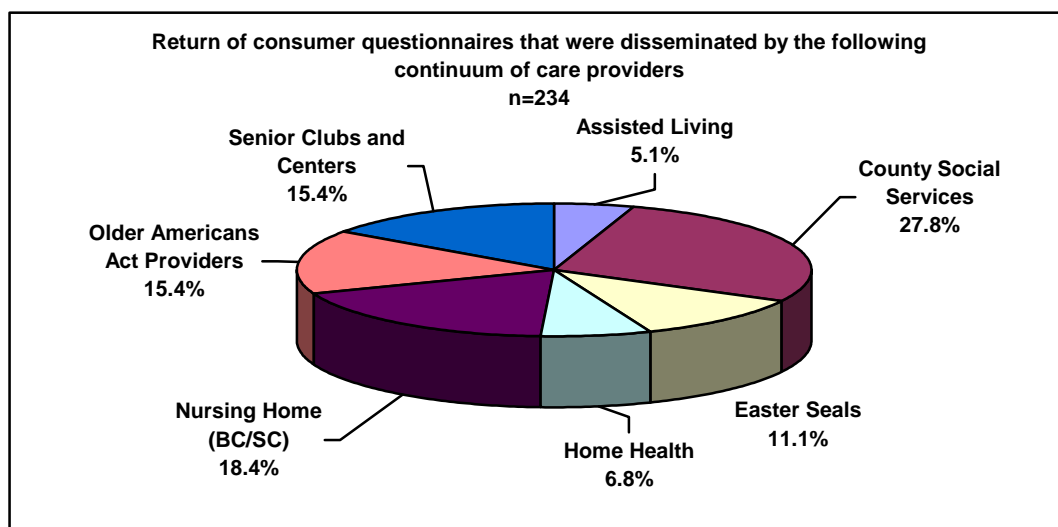
Project staff then entered the quantitative responses into the Statistical Package for the Social Sciences (SPSS) analysis software to assist with organizing and computing the data. SPSS is computerized statistical software that allows the use of an array of data collecting, analysis and appearance features. Responses from short answer qualitative questions were transcribed and analyzed to identify common themes and patterns. The quantitative data and qualitative common themes and suggestions are included in both graphics and narrative format throughout the report. The report contains a breakdown of consumers by community type (urban, rural, frontier) as well as an overall response which includes consumers who did not indicate community type.

Data Results

Demographics

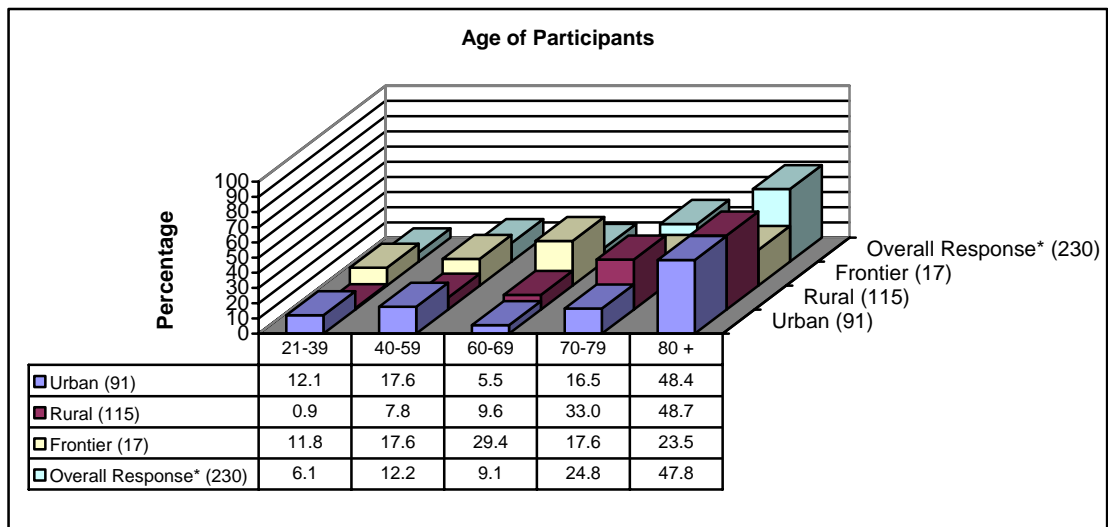
Consumers received the questionnaires through a random group of participating agencies. The following graph shows from which participating agencies (i.e., from nursing home, county social services, home health) consumers received their questionnaire (See Figure 2).

Figure 2



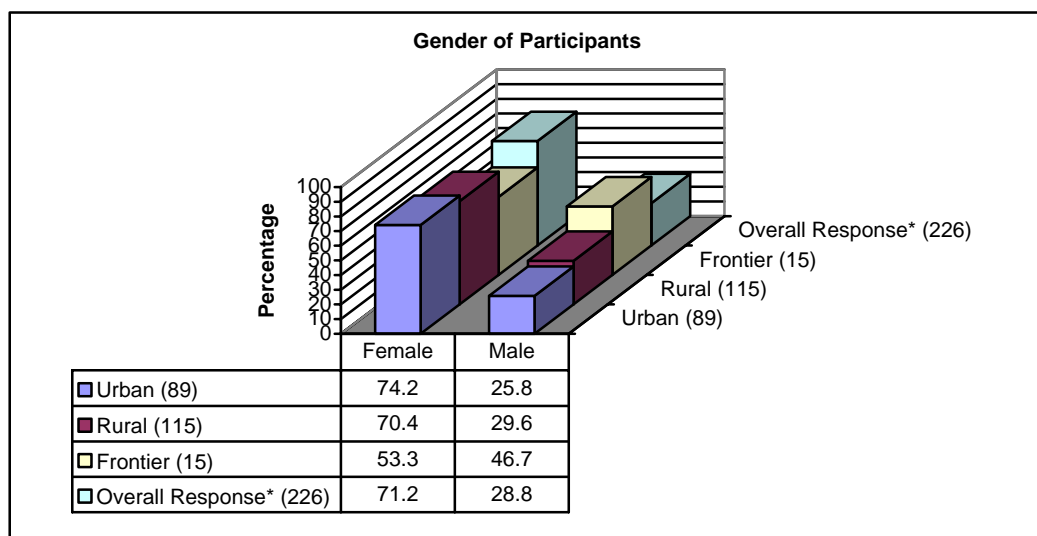
Frontier consumers who responded to the questionnaire were most likely female, age 60–69 or 80 years and older who live in their own home. Rural consumers who responded to the questionnaire were primarily female, age 80 years and older and live in their own home. Meanwhile, urban consumers that responded were most likely to be female, 80 years and older, and lived either in an apartment or their own home (see Figures 3-7).

Figure 3



*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

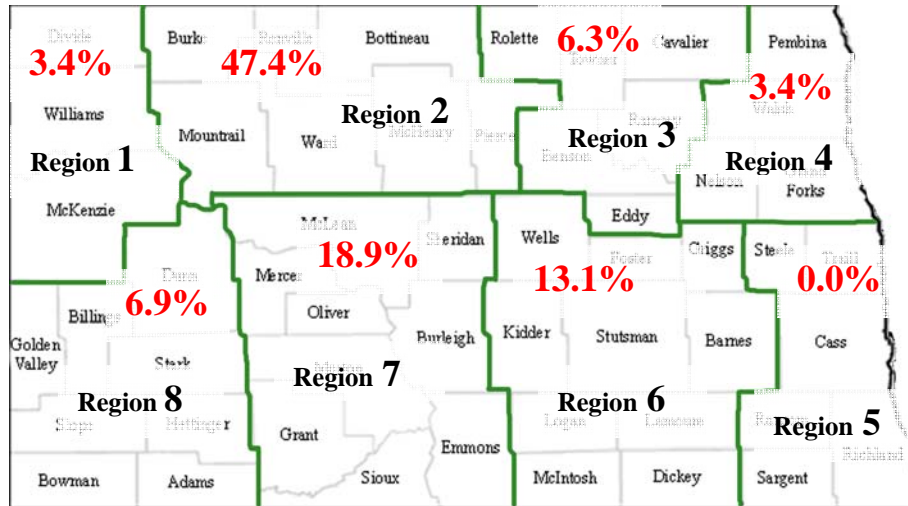
Figure 4



*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

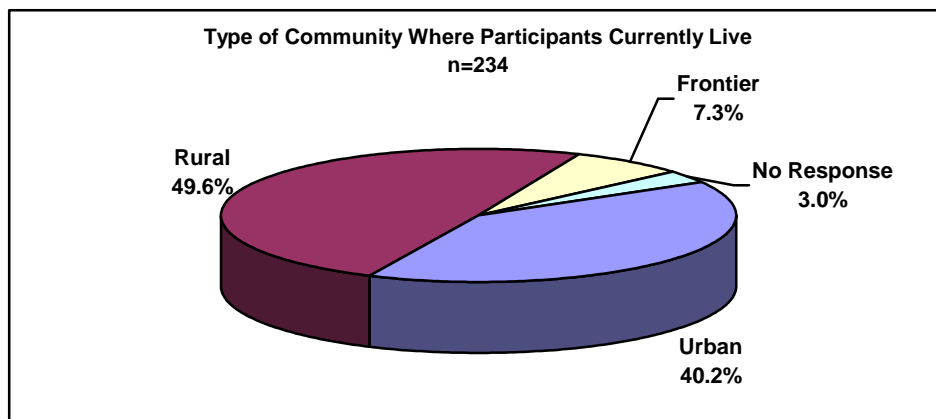
Figure 5

Where Participants Live by Region
n=232



Participants were asked to indicate what type of community they are currently living in such as an urban community (20,000 people and over), a rural community (under 20,000 people), or in a frontier community (farm, ranch, out in the country). Responses are detailed in Figure 6.

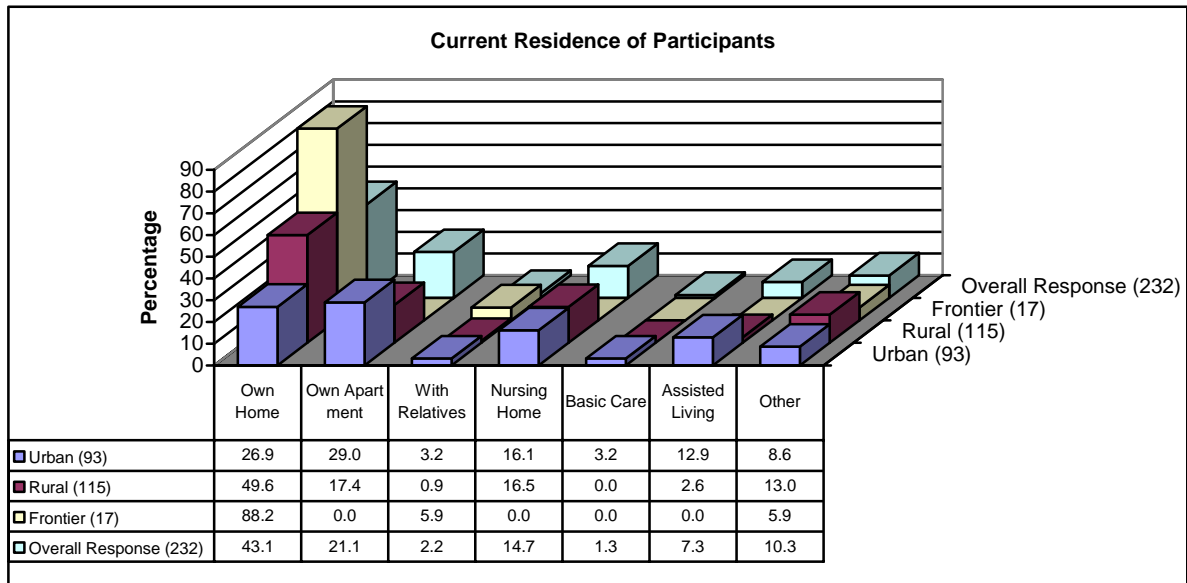
Figure 6



The current residences of participants varied from living in their own home, their own apartment, a nursing home facility, a basic care facility, assisted living, or with relatives (see

Figure 7). Ten percent of consumers selected *other* and stated they rent an apartment, rent a house, or are currently residing in a swing bed facility.

Figure 7

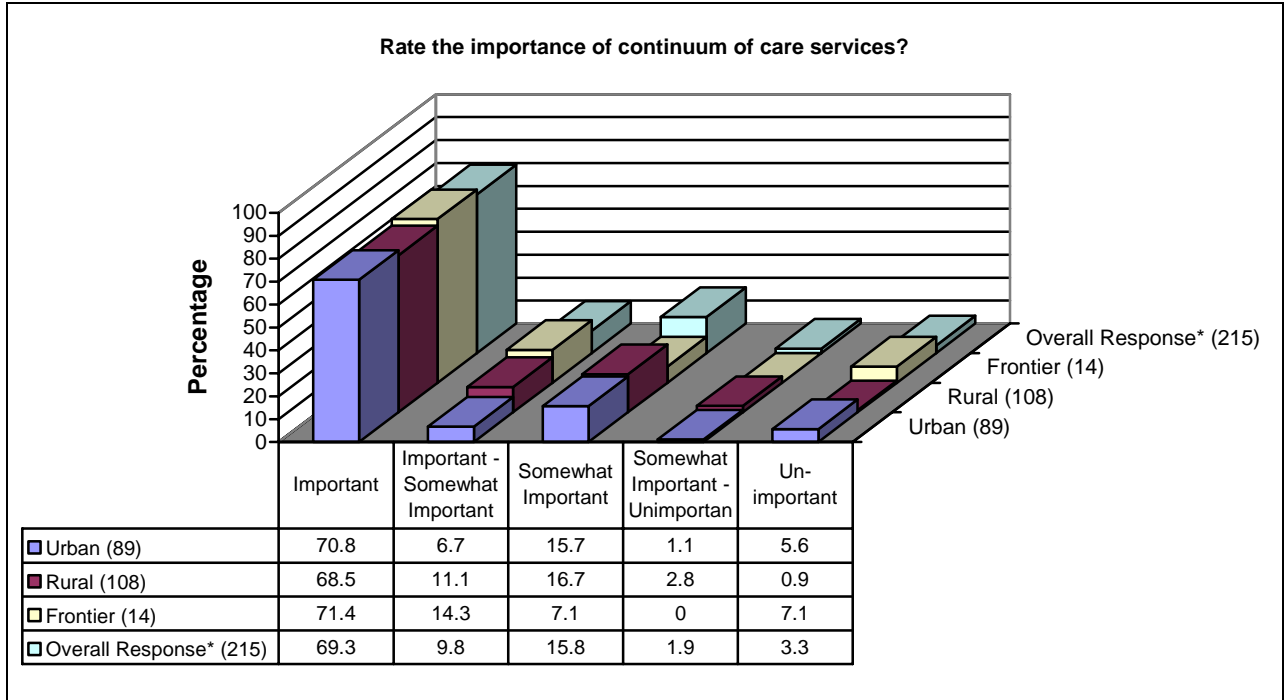


*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

Importance of Continuum of Care Services

Of consumers who participated in this survey, 93.9% noted that continuum of care services ranging from somewhat important to important for maintaining their independence (see Figure 8). Only 3.3% responded that continuum of care services were unimportant to them.

Figure 8

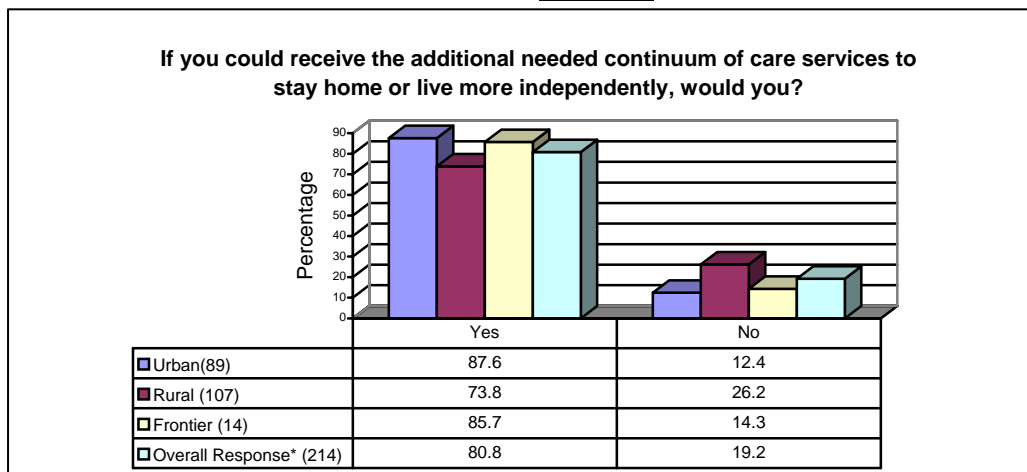


*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

Maintaining Independence

Nearly 81% of consumers indicated that if the needed continuum of care services were available, they would choose to receive those services in order to stay at home or live more independently (see Figure 9).

Figure 9



*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

If consumers responded *yes* to the question above, they were asked to indicate what types of services they might need in order to live more independently. A variety of continuum of care services are necessary in order to remain as independent as possible, however, respondents most often identified needing the following services in order to live more independently: assistance with housework, shopping, laundry, meal preparation, bathing, mobility outside the home, and transportation (see Appendix D , Figure 10). With the exception of bathing assistance, the services chosen most often are those services often referred to as instrumental activities of daily living (IADLs). This data indicates a greater need for service providers to assist with these more basic IADLs in order to maintain independence compared to a potential lesser need for help with activities such as dressing, eating, continence and toileting, transferring, and taking medications (see Appendix E: ND DHS Definitions of ADLs and IADLs).

Knowledge, Choice, and Access to Continuum of Care Services

Knowledge, choice, and access to continuum of care services vary from one community to another. In question 14 of this survey, (See Appendix B, Consumer Questionnaire, Question 14) consumers were asked to indicate what services are locally available, if they are using such services, and if they would use the services if they were locally available. The chart located in Appendix F (see Appendix F, Question 14 – Quantitative Data Table) details the data collected from consumers regarding each continuum of care service listed within each answer category including: locally available, currently using, and would use if available. The following information is a brief summary of the data collected according to each service type.

Adult Day Care is noted as locally available more often in urban areas than rural and frontier. Current usage overall was low and use if available was stronger in frontier communities.

Adult Family Foster Care is locally available more often in urban communities than rural and frontier; however, the usage in all communities was very low. Consumers also indicated a low rate of potential use if available.

Assisted Living facilities are less available in frontier communities than both rural and urban. The usage of assisted living by the consumer surveyed was low; however, the potential use if available was consistent for both yes and no responses in all community types.

Basic Care Facilities have varying availability; however, current usage among those surveyed was low. In each community type potential use of basic care was generally no at 33% to 44%.

Case Management is generally available in both urban and rural community types; however, in frontier communities the availability was split. Consumers in urban communities are more often currently using case management than rural and frontier consumers. Generally a third of all of the respondents indicated that they would use the service if it were available.

Family Home Care is available more often in urban communities. In all communities there was a high frequency of current non-use. Consumers in all communities also indicated that they generally would not use family home care if it were available.

Home Delivered Meals are available often in all community types. Consumers surveyed indicated that they were not generally using home delivered meals; however, they did indicate they would use these meals if they were locally available.

Homemaker Services are more often available in urban and frontier communities and more often used in urban and rural communities. Urban and rural participants also indicated they would use this service if it were available.

Information and Assistance is available overall; however, current use by participants is especially low in rural and frontier communities. Potential use if available was high in all community types.

Hospitals are locally available more often in urban and rural communities compared to very low availability in frontier communities. Consumers were most often not currently making use of a hospital but they did indicate they would use this service if it were available.

Nursing Home Facilities are most often locally available in all community types. Current use by participants was low and potential use if available varied per community type.

Multipurpose Senior Centers are locally available in all community types; however, current use by participants was not high. Consumers in rural and frontier communities indicated they would use a senior center if available more often than the urban consumers.

Personal Care Service are most often available in all community types; however, current use is lower in rural and frontier areas. Consumers indicated that they would use personal care services if they were available.

Respite Care is most often available in urban and rural areas and somewhat available in frontier communities. The current use among participants was low. The interest in using the service if it were available was especially high by frontier consumers.

Senior Companion Program is most often available in urban communities. There is a low current use by rural and frontier consumers and urban consumers were somewhat split, 44% yes and 53% no, in current use. The interest in potential use if available was higher by urban and rural consumers.

Transportation Services are most often available in urban and rural communities. Almost three out of four rural and frontier consumers were not currently using transportation services and 53% of urban consumers were currently using transportation. Potential use if available was higher for urban and rural consumers.

This data (see Appendix F, Question 14 – Quantitative Data Table) shows that generally there are fewer resources for continuum of care services, particularly HCBS in rural and frontier communities. Throughout ND there seems to be a rather low use of HCBS by many of the consumers surveyed. Consumers identified that lack of money and transportation are two of the common barriers to accessing various services. These and the possibility of additional barriers might play a role in the low usage of many of the services as well as a lack of consistent education and knowledge about continuum of care services, especially HCBS. A focus on the removal of barriers to service accessibility, streamlined information, and access to services would help to improve knowledge and increase use of all continuum of care services.

The analysis of data gathered from question 14 of the consumer survey (see Appendix F, Question 14 – Quantitative Data Table) as described above was then analyzed further by cross-tabulating the information. The next series of significance tables details the cross

tabulated data and is organized by type of continuum of care service and by the responses from consumers of the specific community groups: **urban**, **rural/frontier**, and **overall (statewide)**. For this particular data set, the rural and frontier responses were combined due to relatively smaller number of frontier responses.

The first table of each set shows the cross-tabulation data analysis of the *locally available* responses with the *currently using* responses across all possible response categories. This set of tables will help to show how local availability of services might affect the current use of these services by consumers. The second table in each set further details the data by focusing on the *no* response to *currently using* and cross-tabulates those responses with possible responses to *would use if available* question. The rationale for focusing on the *no* responses in this section is based on the intended overall purpose of the questionnaire, to gather information about choice and access to continuum of care services and gather information about ways to improve choice and access to services and identify areas of service needs. Through focusing on this set of cross-tabulated data, the information shows how local availability of services may affect use of services. This is accomplished by focusing on those who responded that they are *not currently using* services.

Adult Day Care

Significance table (ST) 1 shows that 86% of urban consumers who indicated that adult day care is *locally available* are also currently *not using* it.

Significance Table 1: Urban Consumer Response of Knowledge about Adult Day Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	4	11.1%	31	86.1%	1	2.8%	36	100.0%
No	0	0.0%	7	100.0%	0	0.0%	7	100.0%
Not Sure	0	0.0%	20	95.2%	1	4.8%	21	100.0%

ST 2 shows that the majority (72%) of those that are *not currently using* adult day care would *not use* this service if it were available.

Significance Table 2: Urban Consumer Response to the Following Scenario: "Would you use Adult Day Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	5	10.0%
No	36	72.0%
Not Sure	9	18.0%
Total	50	100.0%

ST 3 shows that adult day care is *most often not locally available* in rural/frontier communities and it is *most often not currently being used* in these communities.

Significance Table 3: Rural/Frontier Consumer Response of Knowledge about Adult Day Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	2	18.2%	9	81.8%	0	0.0%	11	100.0%
No	0	0.0%	52	100.0%	0	0.0%	52	100.0%
Not Sure	0	0.0%	17	94.4%	1	5.6%	18	100.0%

ST 4 shows that those rural/frontier consumers who indicated they are not currently using adult day care also *most often* indicated 52% of the time that they would *not use it if it were available*.

Significance Table 4: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Adult Day Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	17	23.3%
No	38	52.1%
Not Sure	18	24.7%
Total	73	100.1%

ST 5 shows the overall response of consumers and indicates *some* local availability and most consumers are *not currently using* adult day care.

Significance Table 5: Overall Consumer Response of Knowledge about Adult Day Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	7	14.6%	40	83.3%	1	2.1%	48	100.0%
No	0	0.0%	59	100.0%	0	0.0%	59	100.0%
Not Sure	0	0.0%	37	94.9%	2	5.1%	39	100.0%

ST 6 shows that 60% of those who indicated they are *not currently using* adult day care also indicated that they *would not use it if it were available*.

Significance Table 6: Overall Consumer Response to the Following Scenario: "Would you use Adult Day Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	22	17.9%
No	74	60.2%
Not Sure	27	22.0%
Total	123	100.1%

Adult Family Foster Care

ST 7 indicates that many urban consumers surveyed *have knowledge* that adult family foster care is locally available; however, their *current use of this service is very low*.

Significance Table 7: Urban Consumer Response of Knowledge about Adult Family Foster Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	0	0.0%	31	96.9%	1	3.1%	32	100.0%
No	0	0.0%	8	100.0%	0	0.0%	8	100.0%
Not Sure	0	0.0%	22	91.7%	2	8.3%	24	100.0%

In ST 8 the data shows that nearly 61% of those urban consumers who indicated they are *not currently using* adult family foster care also indicated that they *would not use it if it were available*.

Significance Table 8: Urban Consumer Response to the Following Scenario: "Would you use Adult Family Foster Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	9	17.6%
No	31	60.8%
Not Sure	11	21.6%
Total	51	100.0%

In ST 9 the data shows that rural/frontier consumers *most often* indicated that adult family foster care was *not available* and they were *not currently using* this service.

Significance Table 9: Rural/Frontier Consumer Response of Knowledge about Adult Family Foster Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	1	6.7%	14	93.3%	0	0.0%	15	100.0%
No	2	3.3%	59	96.7%	0	0.0%	61	100.0%
Not Sure	0	0.0%	11	91.7%	1	8.3%	12	100.0%

Nearly 62% (see ST 10) of rural/frontier consumers who are *not currently using* adult family foster care also indicated they would *not use it if it were available*.

Significance Table 10: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Adult Family Foster Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	13	17.1%
No	47	61.8%
Not Sure	16	21.1%
Total	76	100.0%

ST 11 shows that overall adult family foster care is *available some of the time*; however, the majority of consumers surveyed are *not currently using* this service.

Significance Table 11: Overall Consumer Response of Knowledge about Adult Family Foster Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	1	2.1%	45	95.7%	1	2.1%	47	99.9%
No	2	2.9%	67	97.1%	0	0.0%	69	100.0%
Not Sure	0	0.0%	33	91.7%	3	8.3%	36	100.0%

Overall, in ST 12 the data indicates that approximately 78 out of 127 (61%) consumers who indicated they are *not currently using* adult family foster care also indicated they would *not use it if it were available*.

Significance Table 12: Overall Consumer Response to the Following Scenario: "Would you use Adult Family Foster Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	22	17.3%
No	78	61.4%
Not Sure	27	21.3%
Total	127	100.0%

Assisted Living

ST 13 shows that nearly 85 % of urban consumers who indicated that assisted living is *locally available* also indicated that they are *not currently using* this service.

Significance Table 13: Urban Consumer Response of Knowledge about Assisted Living Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	7	15.2%	39	84.8%	0	0.0%	46	100.0%
No	1	9.1%	10	90.9%	0	0.0%	11	100.0%
Not Sure	1	20.0%	3	60.0%	1	20.0%	5	100.0%

Urban consumers who indicated that they are *not currently using* assisted living were asked if they would use it if it were available and the responses were divided rather equally among *yes*, *no*, and *not sure* (see ST 14).

Significance Table 14: Urban Consumer Response to the Following Scenario: "Would you use Assisted Living if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	13	30.2%
No	17	39.5%
Not Sure	13	30.2%
Total	43	99.9%

Only four rural/frontier consumers indicated that *yes* assisted living is *locally available* and they are *currently using* it. Approximately 92% of those who indicated that *yes* it is *locally available* also indicated they are *not currently using* assisted living. Thirty-five consumers indicated that assisted living is *not locally available* and they were *not currently using* it (see ST 15).

Significance Table 15: Rural/Frontier Consumer Response of Knowledge about Assisted Living Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	4	7.8%	47	92.2%	0	0.0%	51	100.0%
No	0	0.0%	35	100.0%	0	0.0%	35	100.0%
Not Sure	0	0.0%	5	62.5%	3	37.5%	8	100.0%

When rural and frontier consumers who indicated that they were *not currently using* assisted living were also asked if they would use it if it were available the responses were divided among *yes*, *no*, and *not sure* (see ST 16).

Significance Table 16: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Assisted Living if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	21	30.9%
No	28	41.2%
Not Sure	19	27.9%
Total	68	100.0%

The overall response regarding local availability and use of assisted living was that nearly 88% said *yes* assisted living is *locally available* but *no* they were *not currently using* it (see ST 17).

Significance Table 17: Overall Consumer Response of Knowledge about Assisted Living Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	12	12.2%	86	87.7%	0	0.0%	98	99.9%
No	1	2.2%	45	97.8%	0	0.0%	46	100.0%
Not Sure	1	7.7%	8	61.5%	4	30.8%	13	100.0%

ST 18 shows the overall division of responses to not currently using assisted living and if consumers would use it if it were available. Approximately 31% indicated they *would use* assisted living if available and nearly 41% indicated they *would not use* this service.

Significance Table 18: Overall Consumer Response to the Following Scenario: "Would you use Assisted Living if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	34	30.6%
No	45	40.5%
Not Sure	32	28.8%
Total	111	99.9%

Basic Care Facility

ST 19 shows that nearly 91% of urban consumers indicated that basic care facilities are *locally available*; however, they are *not currently using* them. Only three urban consumers indicated that *yes* basic care is *locally available* and they are *currently using* this service.

Significance Table 19: Urban Consumer Response of Knowledge about Basic Care Facility Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	3	9.1%	30	90.9%	0	0.0%	33	100.0%
No	0	0.0%	9	90.0%	1	10.0%	10	100.0%
Not Sure	0	0.0%	17	94.4%	1	5.6%	18	100.0%

ST 20 shows that those urban consumers who did indicate that they are *not currently using* basic care also indicated at 46.8% that they would *not use* it if it were available.

Significance Table 20: Urban Consumer Response to the Following Scenario: "Would you use Basic Care Facility if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	9	19.1%
No	22	46.8%
Not Sure	16	34.0%
Total	47	99.9%

In ST 21 the data shows that rural/frontier consumers indicated a nearly equal division of *local availability* of basic care; however, they also indicated they are *not currently using* these services.

Significance Table 21: Rural/Frontier Consumer Response of Knowledge about Basic Care Facility Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	0	0.0%	41	100.0%	0	0.0%	41	100.0%
No	0	0.0%	35	100.0%	0	0.0%	35	100.0%
Not Sure	0	0.0%	6	100.0%	0	0.0%	6	100.0%

Nearly 43% of rural/frontier consumers who indicated they are *not currently using* basic care also indicated they would *not use* it if it were available (see ST 22).

Significance Table 22: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Basic Care Facility if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	20	28.6%
No	30	42.9%
Not Sure	20	28.6%
Total	70	100.1%

Overall, consumers most often indicated that basic care is *locally available* but they are *not currently using* this service (see ST 23).

Significance Table 23: Overall Consumer Response of Knowledge about Basic Care Facility Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	3	4.1%	71	95.9%	0	0.0%	74	100.0%
No	0	0.0%	44	97.8%	1	2.2%	45	100.0%
Not Sure	0	0.0%	23	95.8%	1	4.2%	24	100.0%

Approximately 44% of consumers overall indicated that they are *not currently using* basic care and they would *not use* it if it were available (see ST 24).

Significance Table 24: Overall Consumer Response to the Following Scenario: "Would you use Basic Care Facility if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	29	24.8%
No	52	44.4%
Not Sure	36	30.8%
Total	117	100.0%

Case Management

Urban consumers indicated most often that case management is *locally available* and *yes* they are *currently using* this service (see ST 25).

Significance Table 25: Urban Consumer Response of Knowledge about Case Management Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	23	67.6%	11	32.4%	0	0.0%	34	100.0%
No	3	37.5%	4	50.0%	1	12.5%	8	100.0%
Not Sure	5	27.8%	11	61.1%	2	11.1%	18	100.0%

Urban consumers who indicated that they are *not currently using* case management services most often indicated that they were *not sure* whether they would use this service if it were available (see ST 26).

Significance Table 26: Urban Consumer Response to the Following Scenario: "Would you use Case Management if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	4	17.4%
No	5	21.7%
Not Sure	14	60.9%
Total	23	100.0%

Twenty-four out of forty rural/frontier consumers indicated that case management is *locally available* and they are *currently using* the service. However, 30 out of 30 of rural/frontier consumers indicated case management are *not locally available* and they are *not currently using* the service (see ST 27).

Significance Table 27: Rural/Frontier Consumer Response of Knowledge about Case Management Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	24	60.0%	16	40.0%	0	0.0%	40	100.0%
No	0	0.0%	30	100.0%	0	0.0%	30	100.0%
Not Sure	1	6.7%	14	93.3%	0	0.0%	15	100.0%

Twenty out of fifty-six rural/frontier consumers who indicated they are not currently using case management also indicated they would *not use* it if it were available and 22 out of the 56 indicated they were *not sure* (see ST 28).

Significance Table 28: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Case Management if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	14	25.0%
No	20	35.7%
Not Sure	22	39.3%
Total	56	100.0%

The overall response of consumers shows that 47 out of 74 indicated that case management is *locally available* and they *are currently using* it. In addition, 34 out of 38 indicated that case management is *not locally available* and they are *not using* it (see ST 29).

Significance Table 29: Overall Consumer Response of Knowledge about Case Management Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	47	63.5%	27	36.5%	0	0.0%	74	100.0%
No	3	7.9%	34	89.5%	1	2.6%	38	100.0%
Not Sure	6	18.2%	25	75.8%	2	6.1%	33	100.1%

Nearly 47% of consumers overall indicated that they are *not currently using* case management and that they are *not sure* whether they would use the service if available (see ST 30).

Significance Table 30: Overall Consumer Response to the Following Scenario: "Would you use Case Management if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	18	22.8%
No	25	31.6%
Not Sure	36	45.6%
Total	79	100.0%

Family Home Care

Shown in ST 31, nearly 76% of those urban consumers who indicated that family home care is *locally available* also indicated that they are *not currently using* this service.

Significance Table 31: Urban Consumer Response of Knowledge about Family Home Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	7	24.1%	22	75.9%	0	0.0%	29	100.0%
No	1	11.1%	8	88.9%	0	0.0%	9	100.0%
Not Sure	1	4.5%	19	86.4%	2	9.1%	22	100.0%

Shown in ST 32, of those urban consumers who indicated that they are *not currently using* family home care, approximately 45% indicated they *would not use* it if it were available.

Significance Table 32: Urban Consumer Response to the Following Scenario: "Would you use Family Home Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	10	23.8%
No	19	45.2%
Not Sure	13	31.0%
Total	42	100.0%

One-hundred percent of the rural/frontier consumers who indicated that family home care is *not locally available* also indicated that they are *not currently using* this service (see ST 33).

Significance Table 33: Rural/Frontier Consumer Response of Knowledge about Family Home Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	9	33.3%	18	66.7%	0	0.0%	27	100.0%
No	0	0.0%	35	100.0%	0	0.0%	35	100.0%
Not Sure	1	4.0%	22	88.0%	2	8.0%	25	100.0%

Shown in ST 34, nearly 45% of those rural/frontier consumers who are *not currently using* family home care also indicated that they would *not use* it if it were available.

Significance Table 34: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Family Home Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	17	25.4%
No	30	44.8%
Not Sure	20	29.9%
Total	67	100.1%

The overall data indicates that approximately 98% of those who indicated that family home care is *not locally available* also indicated that they are *not currently using* this service (see ST 35).

Significance Table 35: Overall Consumer Response of Knowledge about Family Home Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	16	28.6%	40	71.4%	0	0.0%	56	100.0%
No	1	2.3%	43	97.7%	0	0.0%	44	100.0%
Not Sure	2	4.3%	41	87.2%	4	8.5%	47	100.0%

Overall, the consumers who indicated that they were *not currently using* family home care, 45% also indicated that they would *not use it* if it were available.

Significance Table 36: Overall Consumer Response to the Following Scenario: "Would you use Family Home Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	27	24.8%
No	49	45.0%
Not Sure	33	30.3%
Total	109	100.1%

Home Delivered Meals

Forty-two out of fifty-seven urban consumers indicated that home delivered meals are *locally available* and they are *not currently using* this service (see ST 37).

Significance Table 37: Urban Consumer Response of Knowledge about Home Delivered Meals Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	14	24.6%	42	73.7%	1	1.8%	57	100.1%
No	0	0.0%	2	100.0%	0	0.0%	2	100.0%
Not Sure	0	0.0%	2	50.0%	2	50.0%	4	100.0%

As shown in ST 38 the division of responses from urban consumers who indicated that they are *not currently using* home delivered meals varies from 28% to 42% who indicated *yes, no, or not sure* if they would use home delivered meals if available.

Significance Table 38: Urban Consumer Response to the Following Scenario: "Would you use Home Delivered Meals if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	13	30.2%
No	12	27.9%
Not Sure	18	41.9%
Total	43	100.0%

The rural/frontier consumers most often indicated that home delivered meals were *locally available* but they were *not currently using* them (see ST 39).

Significance Table 39: Rural/Frontier Consumer Response of Knowledge about Home Delivered Meals Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	26	30.6%	59	69.4%	0	0.0%	85	100.0%
No	0	0.0%	13	92.9%	1	7.1%	14	100.0%
Not Sure	0	0.0%	3	100.0%	0	0.0%	3	100.0%

Those rural/frontier consumers who indicated they are *not currently using* home delivered meals most often indicated they *would use* them if they were available (see ST 40).

Significance Table 40: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Home Delivered Meals if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	31	53.4%
No	21	36.2%
Not Sure	6	10.3%
Total	58	99.9%

Overall 101 out of 144 consumers responded that *yes* home delivered meals are *locally available* and they are *not currently using* them (see ST 41).

Significance Table 41: Overall Consumer Response of Knowledge about Home Delivered Meals Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	42	29.2%	101	70.1%	1	0.7%	144	100.0%
No	0	0.0%	15	93.8%	1	6.3%	16	100.1%
Not Sure	0	0.0%	5	71.4%	2	28.6%	7	100.0%

Overall, 44 out of 101 (43.6%) who indicated they are not currently using home delivered meals also indicated that they *would use* them if they were locally available (see ST 42).

Significance Table 42: Overall Consumer Response to the Following Scenario: "Would you use Home Delivered Meals if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	44	43.6%
No	33	32.7%
Not Sure	24	23.8%
Total	101	100.1%

Homemaker Services

Out of the urban responses, 31 out of 56 indicated that homemaker services are *locally available* and *yes* they are *currently using* them. Twenty-five out of fifty-six who indicated that this service is *locally available* indicated they are *not currently using* homemaker services (see ST 43).

Significance Table 43: Urban Consumer Response of Knowledge about Homemaker Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	31	55.4%	25	44.6%	0	0.0%	56	100.0%
No	0	0.0%	1	100.0%	0	0.0%	1	100.0%
Not Sure	1	12.5%	6	75.0%	1	12.5%	8	100.0%

Of those urban respondents who noted they are not currently using homemaker services, 46.7% indicated they *would use* the service if it were available (see ST 44).

Significance Table 44: Urban Consumer Response to the Following Scenario: "Would you use Homemaker services if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	14	46.7%
No	6	20.0%
Not Sure	10	33.3%
Total	30	100.0%

Nearly 64% of those rural/frontier respondents who indicated that homemaker services are *locally available* also indicated that they are *not currently using* the service (see ST 45).

Significance Table 45: Rural/Frontier Consumer Response of Knowledge about Homemaker Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	27	35.1%	49	63.6%	1	1.3%	77	100.0%
No	0	0.0%	14	100.0%	0	0.0%	14	100.0%
Not Sure	0	0.0%	8	100.0%	0	0.0%	8	100.0%

Those rural/frontier respondents who indicated they are not currently using homemaker services most often also indicated *yes* they *would use* this service if it were available (see ST 46).

Significance Table 46: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Homemaker services if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	23	42.6%
No	13	24.1%
Not Sure	18	33.3%
Total	54	100.0%

Overall, respondents most often indicated that *yes* homemaker services are *locally available*; however, responses to *current use* were divided rather equally between *yes* and *no* (see ST 47).

Significance Table 47: Overall Consumer Response of Knowledge about Homemaker Service Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	60	44.4%	74	54.8%	1	0.7%	135	99.9%
No	0	0.0%	15	100.0%	0	0.0%	15	100.0%
Not Sure	1	6.3%	14	87.5%	1	6.3%	16	100.1%

Those respondents who indicated that they are *not currently using* homemaker services also indicated most often that they *would use* it if it were available (see ST 48).

Significance Table 48: Overall Consumer Response to the Following Scenario: "Would you use Homemaker services if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	37	44.0%
No	19	22.6%
Not Sure	28	33.3%
Total	84	99.9%

Hospital

ST 49 shows that nearly 70% of urban consumers responded that hospitals are *locally available* and that they are *currently not using* the hospital services.

Significance Table 49: Urban Consumer Response of Knowledge about Hospital Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	13	30.2%	30	69.8%	0	0.0%	43	100.0%
No	0	0.0%	6	100.0%	0	0.0%	6	100.0%
Not Sure	0	0.0%	0	0.0%	1	100.0%	1	100.0%

ST 50 shows that 71% of the urban consumers who indicated that they are *not currently using* hospital services also indicated they *would use* them if they were available.

Significance Table 50: Urban Consumer Response to the Following Scenario: "Would you use Hospital if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	22	71.0%
No	4	12.9%
Not Sure	5	16.7%
Total	31	100.6%

Shown in ST 51, 23 out of 37 rural/frontier consumers indicated that hospitals are *locally available* and they are *currently not using* them. Also, 19 out of 27 of these consumers indicated that hospitals are *not locally available* and they are *not currently using* them.

Significance Table 51: Rural/Frontier Consumer Response of Knowledge about Hospital Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	14	37.8%	23	62.2%	0	0.0%	37	100.0%
No	8	29.6%	19	70.4%	0	0.0%	27	100.0%
Not Sure	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Shown in ST 52, of those rural/frontier consumers who indicated that they are *not currently using* hospital services, 55.2% indicated they *would use* them if they were available.

Significance Table 52: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Hospital if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	16	55.2%
No	9	31.0%
Not Sure	4	13.8%
Total	29	100.0%

Overall, consumers most often indicated that hospitals are *locally available* but that they were *not currently using* that service (see ST 53).

Significance Table 53: Overall Consumer Response of Knowledge about Hospital Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	28	34.6%	63	65.4%	0	0.0%	81	100.0%
No	8	24.2%	25	75.8%	0	0.0%	33	100.0%
Not Sure	0	0.0%	0	0.0%	2	100.0%	2	100.0%

Of those consumers who indicated they are *not currently using* hospital services, 63.3% indicated that *yes* they would use them if they were available.

Significance Table 54: Overall Consumer Response to the Following Scenario: "Would you use Hospital if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	38	63.30%
No	13	21.70%
Not Sure	9	15.00%
Total	60	100.0%

Information and Assistance

Urban consumers most often indicated that information and assistance are *locally available* and they are *currently using* that service (see ST 55).

Significance Table 55: Urban Consumer Response of Knowledge about Information and Assistance Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	17	60.7%	10	35.7%	1	3.6%	28	100.0%
No	1	33.3%	2	66.7%	0	0.0%	3	100.0%
Not Sure	3	10.3%	15	51.7%	11	37.9%	29	99.9%

Shown in ST 56, 60% of urban consumers who indicated they are *not currently using* information and assistance did indicate they *would use* this service if it were available.

Significance Table 56: Urban Consumer Response to the Following Scenario: "Would you use Information and Assistance if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	15	60.0%
No	2	8.0%
Not Sure	8	32.0%
Total	25	100.0%

Shown in ST 57, 26 out of 45 rural/frontier consumers who indicated that *yes* information and assistance services are *locally available* also noted that they are *not currently using* that service. Also, 20 out of 20 consumers who indicated that information and assistance are *not locally available* also indicated that they are *not currently using* that service.

Significance Table 57: Rural/Frontier Consumer Response of Knowledge about Information and Assistance Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	19	42.2%	26	57.8%	0	0.0%	45	100.0%
No	0	0.0%	20	100.0%	0	0.0%	20	100.0%
Not Sure	0	0.0%	17	100.0%	0	0.0%	17	100.0%

Shown in ST 58, of those rural/frontier consumers who indicated they are *not currently using* information and assistance, 48.1% also indicated they *would use* this service if it were available.

Significance Table 58: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Information and Assistance if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	26	48.1%
No	9	16.7%
Not Sure	19	35.2%
Total	54	100.0%

The overall data shows that most often information and assistance is *locally available* however the *current use is divided* between currently using and not using (see ST 59).

Significance Table 59: Overall Consumer Response of Knowledge about Information and Assistance Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	36	49.3%	36	49.3%	1	1.4%	73	100.0%
No	1	4.3%	22	95.7%	0	0.0%	23	100.0%
Not Sure	3	6.5%	32	69.6%	11	23.9%	46	100.0%

Overall, nearly 52% of those consumers who indicated they are *not currently using* information and assistance did indicate they *would use* this service if it were available (see ST 60).

Significance Table 60: Overall Consumer Response to the Following Scenario: "Would you use Information and Assistance if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	41	51.9%
No	11	13.9%
Not Sure	27	34.2%
Total	79	100.0%

Skilled Nursing Home Facility

Shown in ST 61, 83% of urban consumers who indicated that skilled nursing homes are *locally available* also indicated that they are *not currently using* that service.

Significance Table 61: Urban Consumer Response of Knowledge about Nursing Home Facilities Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	8	17.0%	39	83.0%	0	0.0%	47	100.0%
No	4	57.1%	3	42.9%	0	0.0%	7	100.0%
Not Sure	0	0.0%	2	40.0%	3	60.0%	5	100.0%

ST 62 shows that 41% of those urban consumers who indicated that they are *not currently using* skilled nursing home facilities also indicated that they *would not use* it if it were available.

Significance Table 62: Urban Consumer Response to the Following Scenario: "Would you use Nursing Home Facilities if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	9	23.1%
No	16	41.0%
Not Sure	14	35.9%
Total	39	100.0%

When looking at rural/frontier responses, these consumers indicated most often (73.9%) that *yes* skilled nursing home facilities are *locally available* and they are *not currently using* this service (see ST 63).

Significance Table 63: Rural/Frontier Consumer Response of Knowledge about Nursing Home Facilities Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	18	26.1%	51	73.9%	0	0.0%	69	100.0%
No	0	0.0%	19	100.0%	0	0.0%	19	100.0%
Not Sure	0	0.0%	2	100.0%	0	0.0%	2	100.0%

Of those rural/frontier consumers who indicated they are *not currently using* skilled nursing home facility care, 35.8 % indicated they *would use* skilled nursing home care if available, 30.2% indicated they *would not*, and 34% indicated they were *not sure* (see ST 64).

Significance Table 64: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Nursing Home Facilities if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	19	35.8%
No	16	30.2%
Not Sure	18	34.0%
Total	53	100.0%

Overall, consumers most often indicated that skilled nursing home facilities were *locally available* and they were *currently not using* that service (see ST 65).

Significance Table 65: Overall Consumer Response of Knowledge about Nursing Home Facilities Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	26	22.4%	90	77.6%	0	0.0%	116	100.0%
No	4	15.4%	22	84.6%	0	0.0%	26	100.0%
Not Sure	0	0.0%	4	50.0%	4	50.0%	8	100.0%

Overall, 34.8% of consumers who indicated that they were *not currently using* skilled nursing facility care also indicated they *would not use* this service if available and 30.4% indicated they *would use* this service if available (see ST 66).

Significance Table 66: Overall Consumer Response to the Following Scenario: "Would you use Nursing Home Facilities if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	28	30.4%
No	32	34.8%
Not Sure	32	34.8%
Total	92	100.0%

Multipurpose Senior Center

Shown in ST 67, urban consumers most often (78%) indicated that senior centers were *locally available* and that they were *currently not using* this service.

Significance Table 67: Urban Consumer Response of Knowledge about Multipurpose Senior Center Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	9	22.0%	32	78.0%	0	0.0%	41	100.0%
No	0	0.0%	6	100.0%	0	0.0%	6	100.0%
Not Sure	0	0.0%	9	56.3%	7	43.8%	16	100.1%

Of the urban consumers who indicated *not currently using* senior center, 50% indicated they *would not use* them if available (see ST 68).

Significance Table 68: Urban Consumer Response to the Following Scenario: "Would you use Multipurpose Senior Center if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	9	21.4%
No	21	50.0%
Not Sure	12	28.6%
Total	42	100.0%

ST 69 shows that rural/frontier consumers most often indicated that senior centers are *locally available* and that they are *not currently using* this service.

Significance Table 69: Rural/Frontier Consumer Response of Knowledge about Multipurpose Senior Center Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	25	34.2%	48	65.8%	0	0.0%	73	100.0%
No	0	0.0%	14	100.0%	0	0.0%	14	100.0%
Not Sure	0	0.0%	7	100.0%	0	0.0%	7	100.0%

Of those rural/frontier consumers who indicated that they are *not currently using* senior centers, 42% also indicated that they *would use* this service if it were available (ST 70).

Significance Table 70: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Multipurpose Senior Center if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	21	42.0%
No	10	20.0%
Not Sure	19	38.0%
Total	50	100.0%

Overall, consumers most often indicated that *yes* senior centers are *locally available* and they are *not currently using* them (see ST 71).

Significance Table 71: Overall Consumer Response of Knowledge about Multipurpose Senior Center Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	34	29.8%	80	70.2%	0	0.0%	114	100.0%
No	0	0.0%	20	100.0%	0	0.0%	20	100.0%
Not Sure	0	0.0%	16	69.6%	7	30.4%	23	100.0%

Overall, the consumers who indicated that they are *not currently using* senior center services, approximately 1/3 of them indicated they *would use* this service if it were available, and another 1/3 indicated they would *not use* senior center services if available (see ST 72).

Significance Table 72: Overall Consumer Response to the Following Scenario: "Would you use Multipurpose Senior Center if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	30	32.6%
No	31	33.7%
Not Sure	31	33.7%
Total	92	100.0%

Personal Care Service

Shown in ST 73, urban consumers most often indicated that personal care services are *locally available*. The number of consumers who indicated that they are *currently using or not using* personal care services was split.

Significance Table 73: Urban Consumer Response of Knowledge about Personal Care Service Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	24	52.2%	22	47.8%	0	0.0%	46	100.0%
No	0	0.0%	2	100.0%	0	0.0%	2	100.0%
Not Sure	3	20.0%	8	53.3%	4	26.7%	15	100.0%

Shown in ST 74, those urban consumers who indicated that they are *not currently using* personal care services indicated 28.6% of the time that they *would use* this service if it were available and 21.4% of these consumers indicated they *would not use* this service if it were available.

Significance Table 74: Urban Consumer Response to the Following Scenario: "Would you use Personal Care Service if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	8	28.6%
No	6	21.4%
Not Sure	14	50.0%
Total	28	100.0%

Rural/frontier consumers most often indicated that personal care services are *locally available* and they are *not currently using* this service (see ST 75). Also, 20 out of 22 consumers who indicated that personal care services are *not locally available* also indicated they are *not currently using* this service.

Significance Table 75: Rural/Frontier Consumer Response of Knowledge about Personal Care Service Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	16	30.2%	36	67.9%	1	1.9%	53	100.0%
No	1	4.5%	20	90.9%	1	4.5%	22	99.9%
Not Sure	0	0.0%	13	92.9%	1	7.1%	14	100.0%

Shown in ST 76, of those rural/frontier consumers who indicated they are *currently not using* personal care services, 37.5% indicated that they *would not use* this service if it were available and 25% indicated they *would use* this service if it were available.

Significance Table 76: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Personal Care Service if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	12	25.0%
No	18	37.5%
Not Sure	18	37.5%
Total	48	100.0%

Overall, consumers most often indicated that personal care services are *locally available*; however, the *current usage* was *split* between *currently using* and *not currently using* (see ST 77).

Significance Table 77: Overall Consumer Response of Knowledge about Personal Care Service Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	41	41.0%	58	58.0%	1	1.0%	100	100.0%
No	1	4.0%	22	88.0%	2	8.0%	25	100.0%
Not Sure	3	10.3%	21	72.4%	5	17.2%	29	99.9%

Nearly 32% of consumers who indicated that they are *not currently using* personal care services also indicated they *would not use* this service if it were available. Approximately 26% of these consumers indicated they *would use* personal care services if available (see ST 78).

Significance Table 78: Overall Consumer Response to the Following Scenario: "Would you use Personal Care Service if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	20	26.3%
No	24	31.6%
Not Sure	32	42.1%
Total	76	100.0%

Respite Care

Shown in ST 79, approximately 89% of urban consumers who indicated that respite care is *locally available* also indicate they are *not currently using* this service.

Significance Table 79: Urban Consumer Response of Knowledge about Respite Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	3	8.1%	33	89.2%	1	2.7%	37	100.0%
No	0	0.0%	4	100.0%	0	0.0%	4	100.0%
Not Sure	0	0.0%	14	73.7%	5	26.3%	19	100.0%

Approximately 39% of those consumers who indicate they are *not currently using* respite care indicated they *would use* this service if available (see ST 80).

Significance Table 80: Urban Consumer Response to the Following Scenario: "Would you use Respite Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	18	39.1%
No	12	26.1%
Not Sure	16	34.8%
Total	46	100.0%

Rural/frontier consumers indicated that respite care is somewhat divided regarding local availability. However, both of these groups of rural/frontier consumers indicated most often they are *not currently using* respite care (see ST 81).

Significance Table 81: Rural/Frontier Consumer Response of Knowledge about Respite Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	8	19.0%	33	78.6%	1	2.4%	42	100.0%
No	1	3.7%	26	96.3%	0	0.0%	27	100.0%
Not Sure	0	0.0%	16	94.1%	1	5.9%	17	100.0%

Approximately 39% of those rural/frontier consumer who indicate they are *not currently using* respite care also indicate they *would not use* this service if it were available. Thirty-two percent indicated they *would use* respite care if available (see ST 82).

Significance Table 82: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Respite Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	18	32.1%
No	22	39.3%
Not Sure	16	28.6%
Total	56	100.0%

Overall, consumers most often indicated that respite care is *locally available* and they are *not currently using* this service (see ST 83).

Significance Table 83: Overall Consumer Response of Knowledge about Respite Care Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	11	13.9%	66	83.5%	2	2.5%	79	99.9%
No	1	3.2%	30	96.8%	0	0.0%	31	100.0%
Not Sure	0	0.0%	30	83.3%	6	16.7%	36	100.0%

Overall, 35.3% of the consumers who indicated they are *not currently using* respite care also indicated they *would use* it if it were available and 33.3% of those consumers indicated they *would not use* it if it were available (see ST 84).

Significance Table 84: Overall Consumer Response to the Following Scenario: "Would you use Respite Care if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	36	35.3%
No	34	33.3%
Not Sure	32	31.4%
Total	102	100.0%

Senior Companion Program

Urban consumers most often indicated that senior companion services are *locally available* and they are *currently not using* them (see ST85).

Significance Table 85: Urban Consumer Response of Knowledge about Senior Companion Programs (SCP) Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	4	11.4%	31	88.6%	0	0.0%	35	100.0%
No	0	0.0%	4	80.0%	1	20.0%	5	100.0%
Not Sure	0	0.0%	18	85.7%	3	14.3%	21	100.0%

Of those urban consumers who are *not currently using* senior companion services 38.3% indicated they *would not use* this service if it were available (see ST 86).

Significance Table 86: Urban Consumer Response to the Following Scenario: "Would you use Senior Companion Program (SCP) if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	13	27.7%
No	18	38.3%
Not Sure	16	34.0%
Total	47	100.0%

Shown in ST 87, rural/frontier consumers most often indicated that senior companion services are *not locally available* and they are *not currently using* them.

Significance Table 87: Rural/Frontier Consumer Response of Knowledge about Senior Companion Programs (SCP) Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	2	13.3%	12	80.0%	1	6.7%	15	100.0%
No	0	0.0%	42	100.0%	0	0.0%	42	100.0%
Not Sure	0	0.0%	24	100.0%	0	0.0%	24	100.0%

Shown in ST 88, 37.7% of rural/frontier consumers who are *not currently using* senior companion services indicated they *would use* this service if available and 34.8% of these consumers indicated they *would not use* this service if available.

Significance Table 88: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Senior Companion Program (SCP) if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	26	37.7%
No	24	34.8%
Not Sure	19	27.5%
Total	69	100.0%

The overall *response to local availability* of senior companion services was *split*; however, overall consumers most often indicated they are *currently not using* this service (see ST 89).

Significance Table 89: Overall Consumer Response of Knowledge about Senior Companion Programs (SCP) Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	7	13.7%	43	84.3%	1	2.0%	51	100.0%
No	0	0.0%	46	97.9%	1	2.1%	47	100.0%
Not Sure	0	0.0%	42	93.3%	3	6.7%	45	100.0%

The overall response of consumers who are *not currently using* senior companion services was divided among who *would use if available* (33.6%), *would not use if available* (36.2%) and *not sure* (30.2%) (see ST 90).

Significance Table 90: Overall Consumer Response to the Following Scenario: "Would you use Senior Companion Program (SCP) if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	36	33.6%
No	42	36.2%
Not Sure	35	30.2%
Total	116	100.0%

Transportation

Urban consumers most often indicated that transportation services are *locally available*. Of those who indicated it is available, 52% indicated they are *currently using* transportation services and 46% indicated *they are not* (see ST 91).

Significance Table 91: Urban Consumer Response of Knowledge about Transportation Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	26	52.0%	23	46.0%	1	2.0%	50	100.0%
No	0	0.0%	8	100.0%	0	0.0%	8	100.0%
Not Sure	0	0.0%	4	80.0%	1	20.0%	5	100.0%

Of those urban consumers who indicated they are *not currently using* transportation services, 55.2% indicated they *would use* this service if it were available (see ST 92).

Significance Table 92: Urban Consumer Response to the Following Scenario: "Would you use Transportation if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	16	55.2%
No	9	31.0%
Not Sure	4	13.8%
Total	29	100.0%

The availability of local transportation varies as indicated by rural/frontier consumers. However, these consumers indicated most often that they are *not currently using* transportation services (see ST 93).

Significance Table 93: Rural/Frontier Consumer Response of Knowledge about Transportation Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	18	32.7%	36	65.5%	1	1.8%	55	100.0%
No	0	0.0%	23	100.0%	0	0.0%	23	100.0%
Not Sure	0	0.0%	9	100.0%	0	0.0%	9	100.0%

Of those rural/frontier consumers who are *not currently using* transportation services, nearly 46% indicated they *would use* this service if available and 39% indicated they *would not use* transportation services if available (see ST 94).

Significance Table 94: Rural/Frontier Consumer Response to the Following Scenario: "Would you use Transportation if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	27	45.8%
No	23	39.0%
Not Sure	9	15.3%
Total	59	100.1%

Overall, the responses to transportation services varied from *locally available* to *not locally available* while *currently not using* was noted most often (see ST 95).

Significance Table 95: Overall Consumer Response of Knowledge about Transportation Local Availability by Current Usage.								
Locally Available	Currently Using							
	Yes		No		Not Sure		Total	
	#	%	#	%	#	%	#	%
Yes	46	43.0%	59	55.1%	2	1.9%	107	100.0%
No	0	0.0%	31	100.0%	0	0.0%	31	100.0%
Not Sure	0	0.0%	13	92.9%	1	7.1%	14	100.0%

Overall, those who indicated they are *not currently using* transportation services also indicated 48.9% of the time they *would use* this service if available (see ST 96).

Significance Table 96: Overall Consumer Response to the Following Scenario: "Would you use Transportation if it were available" by Current Usage.		
Would use if available	Currently Using	
	No	
	#	%
Yes	43	48.9%
No	32	36.4%
Not Sure	13	14.8%
Total	88	100.1%

Through this cross-tabulation analysis, the data indicates that if services are locally available this does not necessarily mean that consumers are utilizing various services. It was previously thought that lack of availability of services was a common barrier. However, through this analysis the data shows that many consumers have some knowledge of the availability of services however the current use of most services is rather low.

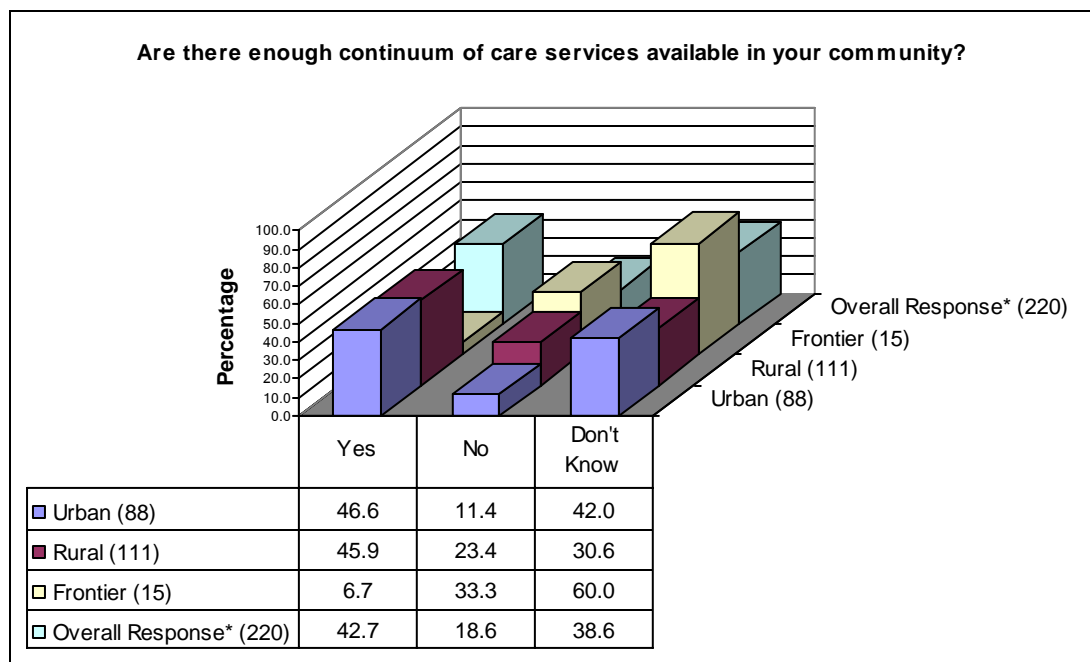
One hypothesis might be that there are potentially other barriers that are briefly touched on in question 8 of the survey (See Appendix B, Consumer Questionnaire, Question 8 and Appendix G, Qualitative Data Responses, Question 8). The cross-tabulated data raises further questions about other potential barriers to accessing services beyond availability. Other barriers that may account for the general lack of use might include a lack of personal or state/federal dollars to assist consumers of paying for services, a lack of true knowledge and understanding of what a particular service is, and a lack of education about the effectiveness of the use of services prior to a crisis. Other potential reasons why consumers may not be utilizing such services may include consumer pride, current effective use of informal services, and being content with their current living situation. Further data collection and analysis of potential barriers might be useful in pinpointing what barriers are in various community types (urban, rural, and frontier).

This consumer questionnaire data along with other data gathered from previous research conducted both in ND and nationally assists in completing the picture of access to services in ND. This information will be used to help the RCR steering committee, policy makers, legislators, and various provider groups in further identifying potential barriers to services in order that efforts may be made to remove these barriers.

When asked to indicate if there are enough continuum of care services in communities, consumers in urban and rural areas indicated at approximately 46% that there were enough

services. However, only 7% of their frontier counterparts indicated enough services in their communities. This group indicated not enough services at 33% (see Figure 11). This data shows that services are often lacking in frontier communities which may be due to lack of personnel and funding resources to provide these services in remote communities. When participants responded to this question with *no*, they were then asked to indicate what continuum of care services were needed in the community. Common areas of need included better transportation, assisted living, and additional housing options. Other areas of need included case management services, adult family foster care, adult day care, and respite care (see Appendix G, Question 18).

Figure 11



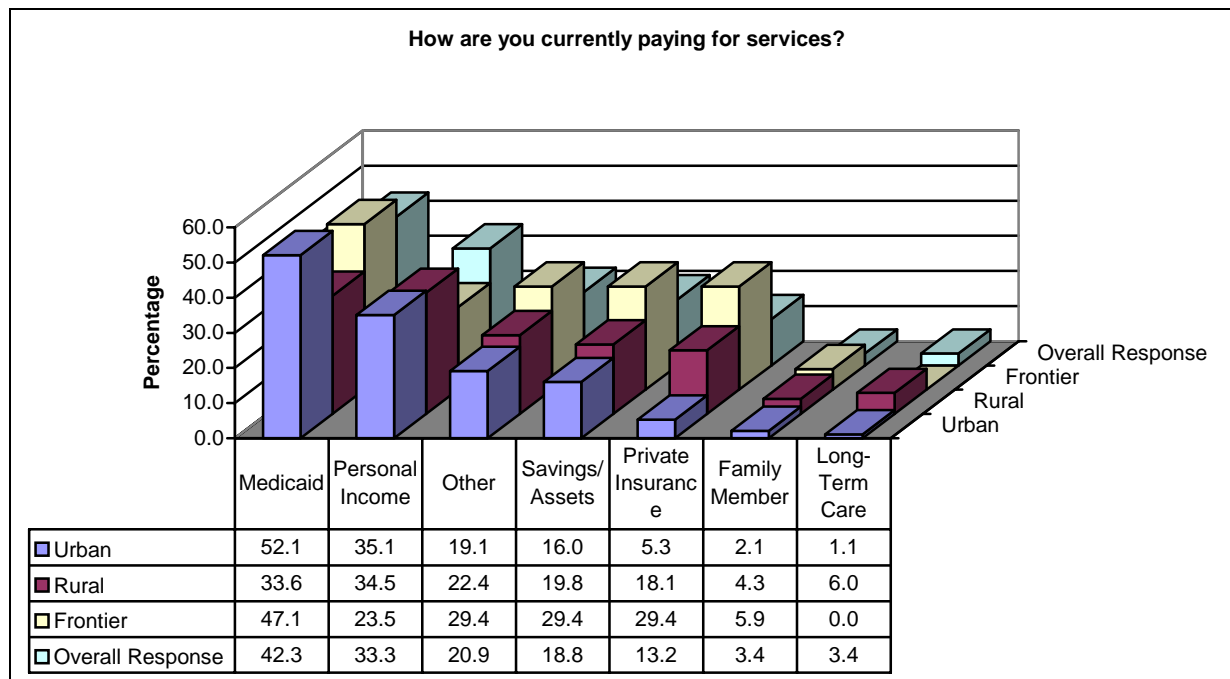
*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

Consumers were also asked to indicate what might prevent them from using any continuum of care services that are available. Their qualitative responses were analyzed and two common barriers were found including lack of money and lack of transportation.

Additional barriers to services that were noted included not being aware of services, wanting to live at home near their family and friends, and a lack of needed services (see Appendix G, Question 8).

Participants were also asked to indicate how they are currently paying for continuum of care services. The information gathered indicates that most consumers are paying for continuum of care services through either Medicaid or private funds. The survey shows more limited use of alternative funding such as private insurance, other family members, and long-term care insurance (see Figure 12). Other funding sources identified included social security, county social service programs, and Medicare (see Appendix G, Question 10).

Figure 12



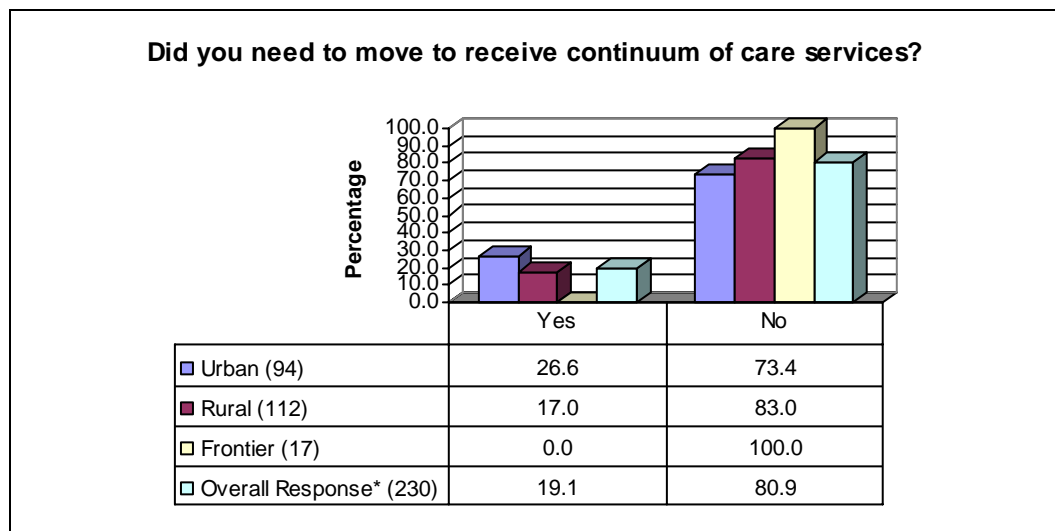
*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

* Percentage includes only those who responded to each category.

Nearly 20% of consumers who responded said they had to move to another community in order to receive needed continuum of care services. The highest percentage of those who did

indicate a need to move were urban consumers (see Figure 13). Those consumers who indicated *yes they needed to move* were asked to describe the services they needed to access, or why they needed to move. These needed services included: assistance with meals, housekeeping, laundry, mobility inside the home, medication assistance, transportation, brain injury rehabilitation services, skilled nursing care, and a need to move closer to doctors (see Appendix G, Question 4). One hypothesis of this data would be that urban communities most likely have more continuum of care services available, this may explain why consumers were most likely to move from rural communities to urban communities where they currently live. However, frontier community consumers, who indicated most often a lack of services, were least likely to move to receive services (see Figure 13). This information may indicate that individuals living in frontier communities may not need additional services, they may be content with their current services and living situation, or they may not be able to afford to move to another community.

Figure 13



*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

Consumers were also asked what service choices they were made aware of before deciding what to do. This question solicited a variety of responses. Several common themes emerged from these qualitative responses including: consumers most often were not given any options of services or they were given only a few continuum of care service options (see Appendix G, Question 5).

Single Point of Entry (SPE)

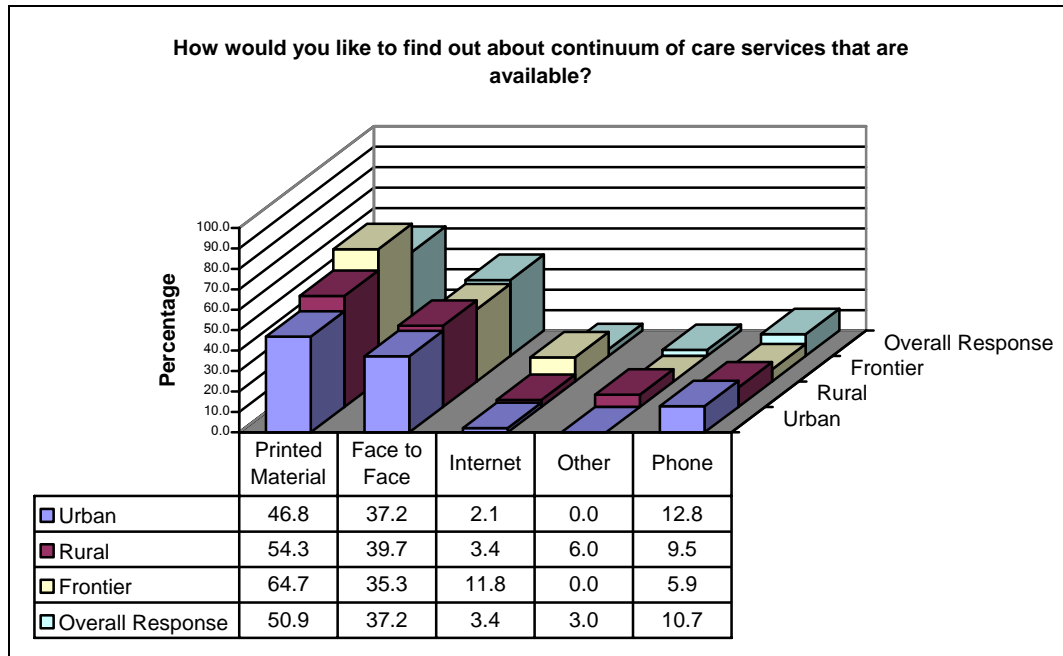
During the development of this survey the RCR steering committee also wanted to gather information and recommendations for the development of a SPE system in ND. A SPE is designed to provide an identifiable place where people can get information, objective advice, and access to a wide range of community supports. The steering committee anticipates using this information from consumers to guide them in developing ways in which ND can streamline access to continuum of care services and implement a SPE system.

Access to Information about Continuum of Care Services. Overall the methods used most often to access information about continuum of care services were family members, doctors, and friends. This indicates a possible consumer preference for a more personal or person-to-person approach when accessing information about services (Appendix D, Figure 14). Consumers living in frontier communities were more likely to find information from the Senior Info Line, the internet, through neighbors, county offices, hospitals, human service centers, and physicians than their urban and rural counterparts. The difference in methods used, particularly more frequent use of county and human services centers by frontier consumers, may indicate a general willingness to travel to these various service centers often located in larger communities to gain information. Often travel to larger communities is essential for frontier residents to access other necessities such as groceries, gas, etc. Also, this

highlights a realization that frontier communities have a lack of professionals available to assist consumers with deciphering continuum of care information and to provide services. A greater instance of internet use by consumers in frontier communities may also indicate a need to use alternative information technology considering there are fewer people to provide resources and information in these smaller communities. There was not one universal way identified that consumers are currently using to access accurate and timely information about services. ND currently does not have a well known, statewide, uniform resource for accessing continuum of care information. Nearly 11% of consumers answered this question with *other* and one common response included accessing information from social workers; however, consumers did not indicate the type of social worker (i.e., county, nursing home, or hospital). Additional *other* responses included finding out from public health, the yellow pages, an HCBS provider, or a pastor. (see Appendix G, Question 6).

In comparison to how consumers currently gather information, consumers were also asked to indicate how they prefer to gain information about continuum of care services. Most often, consumers indicated they prefer to find out about the services that are available through printed material (50.9%) or face-to-face interaction (37.2%) (see Figure 15).

Figure 15

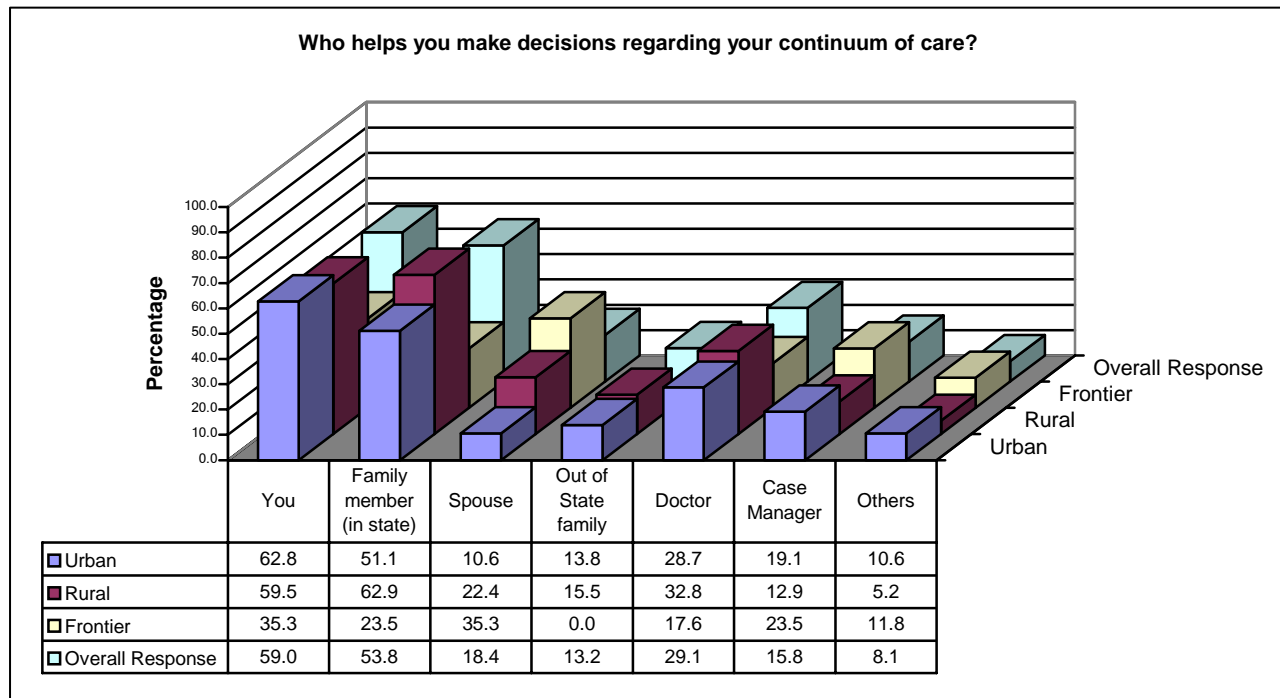


* Percentage includes only those who responded to each category.

Other preferences for finding out about available services included word-of-mouth, postal mail, personal visits, family, friends, doctors, and a one-stop information center (see Appendix G, Question 7).

Assistance with Continuum of Care Decisions. Consumers identified who helps them make decisions regarding their continuum of care services. Urban and rural consumers indicated that they most often rely on themselves or another family member. Consumers from frontier areas indicated that they most often rely on themselves or a spouse to help with continuum of care decisions. Also, these same consumers were approximately 11% more likely to receive help from a case manager than their rural counterpart and 4% more likely than urban consumers (see Figure 16). Additional responses to this question included help from friends, outreach, social worker at nursing home, and public health nurse (see Appendix G, Question 17).

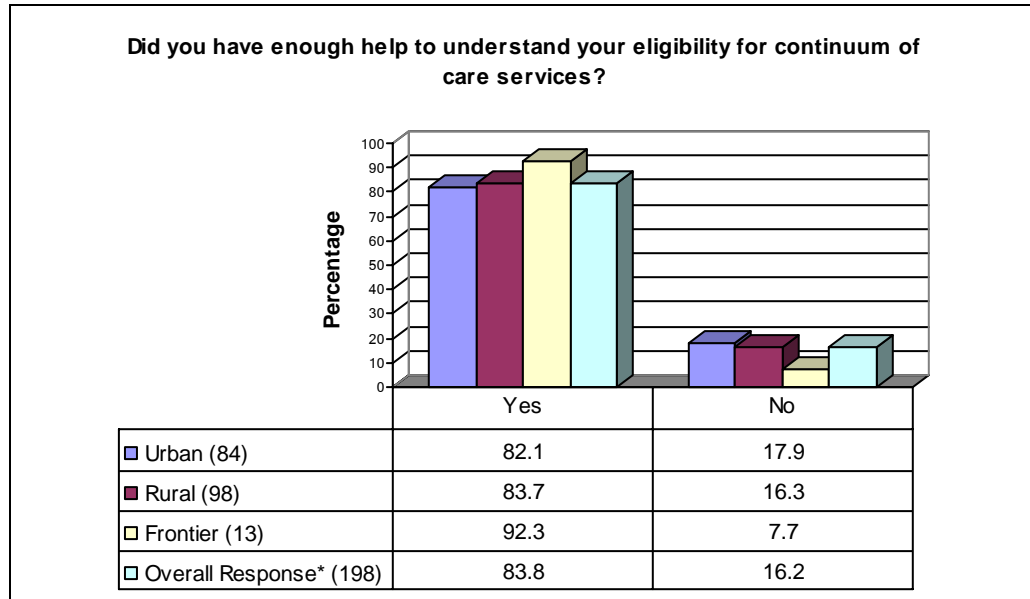
Figure16



* Percentage includes only those who responded to each category.

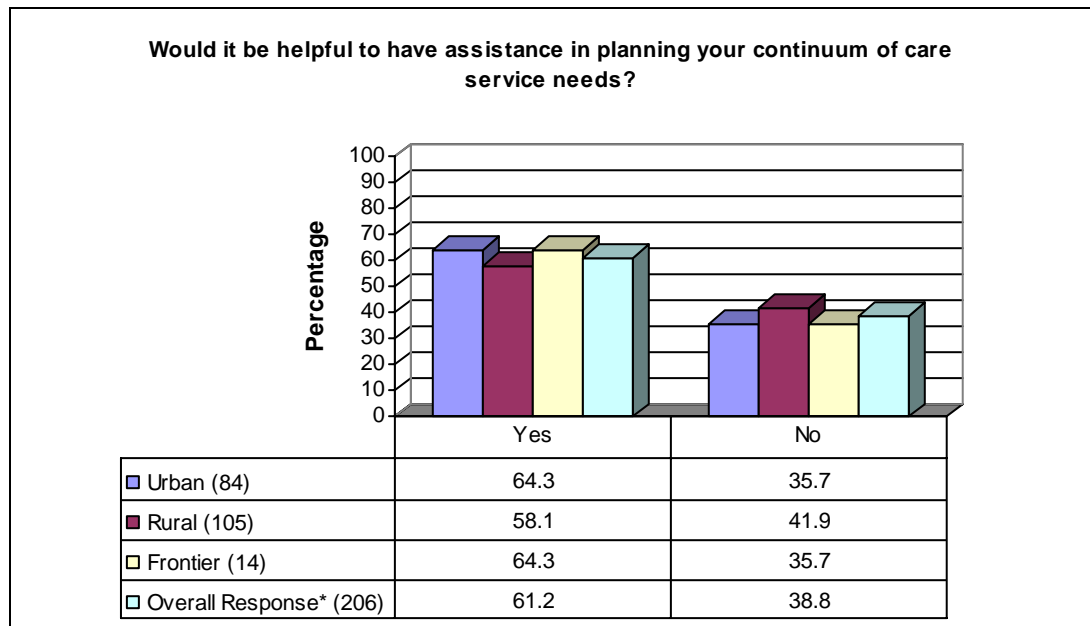
When consumers were asked if they received enough help to understand their eligibility for continuum of care services, 166 out of 198 consumers indicated that *yes* they receive enough help (see Figure 17). *No* responses were limited; however, those who did respond with *no* were more often from urban and rural communities than frontier. Those who responded *no* identified what they would have wanted help with such as access to information and lists of what services are available (see Appendix G, Question 19). Sixty-one percent of consumers indicated that it would be helpful to have assistance with planning continuum of care services, nearly 39% answered *no* (see Figure 18).

Figure 17



*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

Figure 18

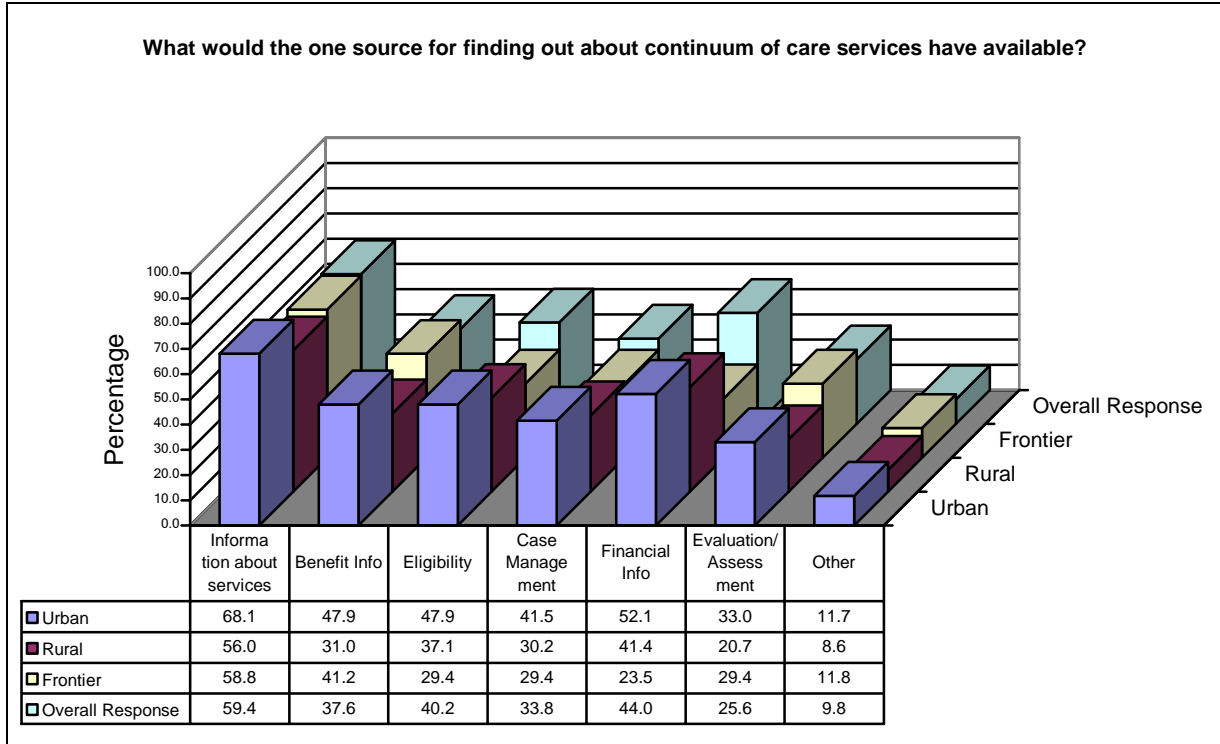


*Categories (urban, rural, frontier) do not total overall response due to missing geographic data.

Recommendations for a SPE System. Participants were asked to describe what one source for finding out about continuum of care services (a single point of entry) might look or be like. Several common themes emerged from these qualitative responses. Consumers described a SPE as being an office where they could easily access a knowledgeable person; additionally, others indicated the need for a variety of printed material, (e.g., the phone book, newsletters) or a direct mailing of pamphlets listing available services. It was also suggested that in-home consultation be available for individuals who cannot easily access the SPE. When describing a potential location for a SPE service center there were a variety of suggestions including using human service centers, county offices, clinics, hospitals, public health units, and senior centers (see Appendix G, Question 12).

Consumers were also asked to identify what should be available from the one source for finding information about services or a SPE. Participants thought access to information about services was most important followed by financial information, information about eligibility for services, benefit information, case management services, and providing evaluations and assessments (see Figure 19). Nearly 10% overall chose *other* as a response and noted that a SPE should also have information about durable medical equipment and supplies, recreation information, and provide screenings (see Appendix G, Question 13).

Figure 19



* Percentage includes only those who responded to each category.

Conclusions/Recommendations

Based on the results of this research the following conclusions and recommendations have been identified:

1. Due to lack of consistent knowledge and awareness of continuum of care services, particularly HCBS options; a public information and education campaign should occur targeting consumers and family members. This public information effort should also incorporate education about planning ahead for future care needs. All areas of the state are in need of this type of outreach; however, particular efforts should be made in rural and frontier communities.
2. Potential barriers to accessing continuum of care services; such as lack of funding, transportation, knowledge of and access to needed services, should be addressed and efforts

should be made to remove or minimize those barriers. This report may be used to assist the RCR steering committee, policy makers, legislators, and various provider groups in further identifying potential barriers and making efforts to remove these barriers.

3. Efforts should be made to build on and support community resources, volunteers, and informal caregivers to expand HCBS availability in ND especially in smaller communities where formal resources might be limited.
4. Educate and provide support to adults with disabilities, seniors, and their families about ways to pay for continuum of care services, focus on education about long-term care insurance and wise use of private funds to help ease the burden on Medicaid and other state funds.
5. Regardless of the source of funds for continuum of care services (e.g. private pay, private insurance, Medicaid, Medicare, and other state funds), it is important to look at all of these areas collectively in order to implement systems change in ND. This is necessary to build a proactive and fiscally responsible long-term support system that wisely spends and appropriately uses funds from the services that North Dakotans prefer and those services that are most effective at helping people maintain independence and self-reliance.
6. Support for the implementation and funding of a SPE also called an Aging and Disability Resource Center (ADRC), should occur in order to develop a streamlined, user friendly system for seniors, adults with disabilities, and their families to access continuum of care services. This system should provide a consistent person to provide the face-to-face contact that many consumers prefer, print materials, and information in other forms such as internet access to be accessible to many populations. The SPE/ADRC should be accessible to all income populations and provide access to comprehensive, timely information about

services, financial and functional assessments, and case management type services.

Appendix A
Real Choice Rebalancing
Steering Committee Members



Real Choice Rebalancing Steering Committee Members



First	Last	Agency
Linda	Wurtz / Janis Cheney */ Marlowe Kro*	AARP North Dakota
Kathy	Hogan / DeLana Duffy-Aziz *	Cass County Social Services
Jane	Strommen	Community of Care Cass County
Rodger	Wetzel	Community Health and Eldercare, St. Alexius Medical Center
Mark	Kolling	Developmental Disabilities Division (DD)
Carol	Olson / Tove Mandigo *	Dept. of Human Services, Director
Linda	Wright	DHS, Aging Services Division
Maggie	Anderson	DHS, Medical Services Division
Karin	Mongeon*	DHS, Medical Services Division
JoAnne	Hoesel	DHS, Mental Health and Substance Abuse Division
Gordon	Hauge / Marilyn Bender *	Easter Seals Goodwill of ND
Chuck	Stebbins / Mark Bourdon*	Freedom Resource CIL / Consumer
Amy	Clark	Governor's Committee on Aging
Duane	Houdek	Legal Counsel to the Governor
Cheryl	Kulas	Indian Affairs Commission
Theresa	Snyder	DHS / Tribal Liaison & Program Civil Rights Officer
Marcia	Sjulstad / Jo Burdick *	ND Association for Home Care
Darleen	Bartz	ND Dept. of Health, Division of Health Facility
James	Moench	NDDAC
Shelly	Peterson	ND Long Term Care Assoc.
Kurt	Stoner*	ND Long Term Care Assoc./ Bethel Lutheran Home
Tom	Alexander	Comprehensive Employment Systems Grant/NDCPD
Bruce	Murry / Teresa Larsen *	Protection and Advocacy
Amy	Armstrong / Kylene Kraft	Real Choice Rebalancing Grant/NDCPD
MariDon	Sorum / Sandy Arends*	Regional Aging Services Program Admin. North Ctrl. Human Ser. Ctr.-
Sandy	Arends / MariDon Sorum*	Regional Aging Services Program Admin.- SE Human Service Center
Gary	Kreidt	Representative
Richard	Dever	Senator
Bob	Puyear	Consumer
Ellen	Owen	Burleigh County Senior Adults Program

* Indicates alternate representative

Indicates RCR Planning Committee Member

Appendix B
Consumers of Continuum of Care
Services Questionnaire

North Dakota Rebalancing Initiative

Real Choice Systems Change Grant

*Choice and Self-Directed Community Resource Delivery
for the Elderly and People with Disabilities*

Consumers of Continuum of Care Services Questionnaire



**Please return your completed questionnaire no later than
one week after receipt or by March 31st, 2006.**

Thank you for your participation.

Alternative formats available upon request: (800) 233-1737

North Dakota Rebalancing Initiative
Real Choice Systems Change Grant

**Consumers of
Continuum of Care Services
Questionnaire**

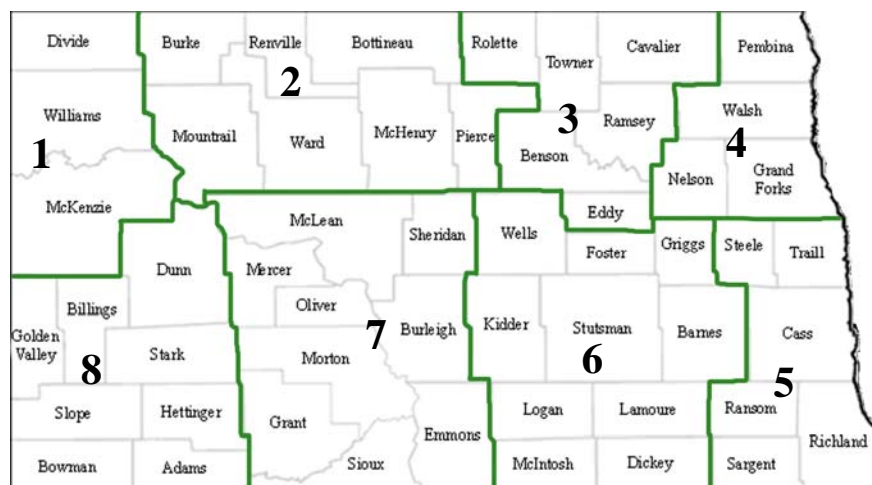
Thank you for participating in the Real Choice Rebalancing - Choice and Self-Directed Community Resource Delivery for the Elderly and People with Disabilities project. This is a grant that was awarded to the ND Department of Human Services – Aging Services and contracted to the North Dakota Center for Persons with Disabilities.

We are gathering information from you regarding your experiences with continuum of care services. These services can be delivered in a variety of ways. You may have used or are currently using continuum of care services such as assistance with bathing, dressing, transferring, taking medications, transportations, shopping, housework, home delivered meals, assisted living, and nursing home care. Continuum of care services are designed to help with daily living needs and maximize independence. The information that is gathered from this questionnaire will be used to develop a statewide plan to make it easier for you to stay independent as you age.

Your answers will be kept strictly confidential and your privacy will be protected at all times. If you have any questions about this questionnaire or the Real Choice Rebalancing project, you may contact Amy Armstrong, Project Director, at (800) 233-1737, or if you have any questions about the rights of human research subjects please contact Dr. Margi Coxwell, chair of the Minot State University Institutional Review Board at (701) 858-3125.

Please complete and return the questionnaire in the enclosed envelope to:
Amy Armstrong, ND Center for Persons with Disabilities at MSU
500 University Avenue West
Minot, ND 58707.

1. In what region do you currently live? (Put an X over the region where you currently live)



2. What type of community are you living in? (Only choose one)

- ☐ Urban Community (20,000 people and over)
☐ Rural Community (under 20,000 people)
☐ Frontier (farm, ranch, out in the country)

3. Where do you currently reside? (Only choose one)

- ☐ Own Home ☐ Own Apartment ☐ With relatives ☐ Nursing Home
☐ Basic Care ☐ Assisted Living ☐ Other: _____

4. Have you had to move to another community to receive the continuum of care services that you needed?

- ☐ Yes ☐ No

If YES, please list what services you needed: _____

5. What choices of continuum of care services were you made aware of before deciding what to do?

6. Where do you find information about continuum of care services? (Check all that apply)

- ☐ Family ☐ Friends ☐ Neighbor ☐ Doctor
☐ Hospital ☐ County Office ☐ Human Service Center ☐ Senior Info Line
☐ Internet ☐ Senior Center ☐ Media (TV, Radio, Newspaper, etc) ☐ Other _____

7. How would you **like to** find out about continuum of care services that are available?

- ☐ Service Center (face to face) ☐ Internet ☐ Phone ☐ Printed material

☐ Other _____

8. What would prevent you from using any continuum of care services available to you? (i.e. lack of transportation, lack of money, fear, etc)

9. Please rate the importance of continuum of care services to maintain your independence.
(Only choose one)

1	2	3	4	5
Important		Somewhat Important		Unimportant

10. How are you currently paying for services? (Check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Savings/Assets | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Long-Term Care Insurance |
| <input type="checkbox"/> Personal Income | <input type="checkbox"/> Family Members | <input type="checkbox"/> Other _____ | |

11. If you could receive the additional needed continuum of care services to stay home or live more independently would you?

- ☐ Yes ☐ No

If YES, what continuum of care services would you need to be able to stay home or live more independently? (Check all that apply)

	YES		YES
Bathing		Housework	
Dressing		Shopping	
Toileting		Managing money	
Transferring bed/chair		Laundry	
Continence		Taking medications	
Eating/feeding		Transportation	
Mobility inside the home		Use of the telephone	
Preparing meals		Mobility outside the home	
Other: _____			

12. If you could have one source or place for finding out about continuum of care services available in your community, what would it look like, be like? Please describe.

13. What would the one source for finding out about continuum of care services have available?
(Check all that apply)

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Benefit Information | <input type="checkbox"/> Eligibility | <input type="checkbox"/> Evaluation / Assessment |
| <input type="checkbox"/> Financial Information
(Medicaid/Medicare) | <input type="checkbox"/> Case Management
(people to help access and monitor services) | <input type="checkbox"/> Other _____ | |

14. For each of the following continuum of care services, please indicate whether the services are available in your community, you are currently using them, and whether you would use them if available.

	Locally Available			Currently Using			Would Use if Available		
	YES	NO	NOT SURE	YES	NO	NOT SURE	YES	NO	NOT SURE
Adult Day Care - program of nonresidential activities for individuals age 18 years of age and over that encompasses activities needed to ensure the optimal functioning of the individual – program provided for 3 or more hours per day, on a regular basis, one or more days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Family Foster Care - safe, family living environment providing 24 hour care or supervision – licensed by the state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living - an apartment where help with personal needs such as bathing, grooming, medicine, and such can be provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Care Facility - room, board and non-nursing services provided on a 24 hour basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management - assessment, care planning, provider selection, monitor services, makes referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Home Care - provision of room, board, supervisory care, and daily personal care, to an eligible elderly or disabled individual residing with the client in the home of the provider or the home of the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meals - meals that meet daily nutritional requirements and are delivered to the home of an eligible individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker - provides assistance to persons that have an occasional need for minor routine assistance with general light housework, laundry, and meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. For each of the following continuum of care services, please indicate whether the services are available in your community, you are currently using them, and whether you would use them if available.

	Locally Available			Currently Using			Would Use if Available		
	YES	NO	NOT SURE	YES	NO	NOT SURE	YES	NO	NOT SURE
Information & Assistance - service for older adults, families of older adults, and professionals that provides current information on opportunities and services available to individuals within their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home Facilities - facilities that provide long-term care, including 24-hour nursing care in a congregate institutional environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multipurpose Senior Center - a community facility for the organization and provision of a broad spectrum of services, which includes the provision of health, social nutritional, educational, and recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Service - assistance with daily personal care, i.e. bathing, dressing, transferring, toileting, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care - services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Companion Program (SCP) - senior companions (60 years or older) provide assistance and friendship to seniors who have difficulty with their daily living tasks by helping them retain their independence rather than having to move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation - transporting and / or escorting client to essential needs, i.e. grocery, utility company, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Would it be helpful to have someone available to assist you with planning your continuum of care service needs? (i.e. case manager)

☐ Yes

☐ No

17. Who helps you make decisions regarding your continuum of care? (check all that apply)

☐ You

☐ Spouse

☐ Family member
(In state)

☐ Family member
(Out of state)

☐ Doctor

☐ Case manager

☐ Other: _____

18. Are there enough choices in the continuum of care services available in your community?

☐ Yes

☐ No

☐ Don't Know

If NO, what continuum of care services do you need in your community?

19. Did you feel like you had the help that you needed to understand if you were eligible for continuum of care services?

☐ Yes

☐ No

If NO, what would you have wanted to have help with?

20. What is your age?

☐ 21 – 39

☐ 40 – 59

☐ 60 – 69

☐ 70 – 79

☐ 80 or over

21. What is your gender?

☐ Male

☐ Female

**Please return your completed questionnaire no later than one week after receipt
or by March 31, 2006.**

Thank you very much!

Please return questionnaire by **March 31, 2006** in the enclosed envelope:

NDCPD
Minot State University
PO Box 5002
Minot, ND 58702-9981
Attn: Amy Armstrong

For More Information regarding the Real Choice Rebalancing Project contact:

Amy Armstrong
Project Director
ND Center for Persons with Disabilities at MSU
500 University Avenue West
Minot, ND 58707.

Phone: 1-800-233-1737
Email: amy.armstrong@minotstateu.edu



Appendix C

Letter to Participating Agencies

Date _____

Agency name _____

Address _____

City, State Postal Code _____

Dear _____,

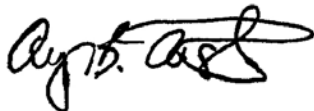
Thank you for your willingness to assist with the activities of the North Dakota *Real Choice Rebalancing Grant*. As Kylene Kraft, the project assistant, explained to you in a recent phone conversation, we are disseminating a questionnaire in order to gather information from consumers regarding their experiences with continuum of care services. Thank you for agreeing to assist the project in distributing these questionnaires to consumers who are using your services.

Enclosed are the number of questionnaires and return envelopes that were discussed. Please deliver all questionnaires as soon as possible in order to allow consumers enough time to fill out and return them by March 31st. It is acceptable for consumers to have assistance with reading or writing responses on the questionnaire, however, the answers must be from the consumers.

For your information, I have enclosed brochures for you and your staff. If you have any questions or concerns please contact me or Kylene at 1-800-233-1737 or by email: amy.armstrong@minotstateu.edu or kylene.kraft@minotstateu.edu.

Thank you very much for your assistance.

Sincerely,



Amy Armstrong

Project Director

North Dakota Real Choice Rebalancing Grant

Phone: 1-800-233-1737

Email: amy.armstrong@minotstateu.edu

Enclosures:

Real Choice Rebalancing Grant Brochures

Questionnaires for consumers

Self addressed, stamped, return envelopes

Appendix D
Enlarged Charts
Figures 10 & 14

Figure 10

What continuum of care services would you need to be able to stay home or live more independently?

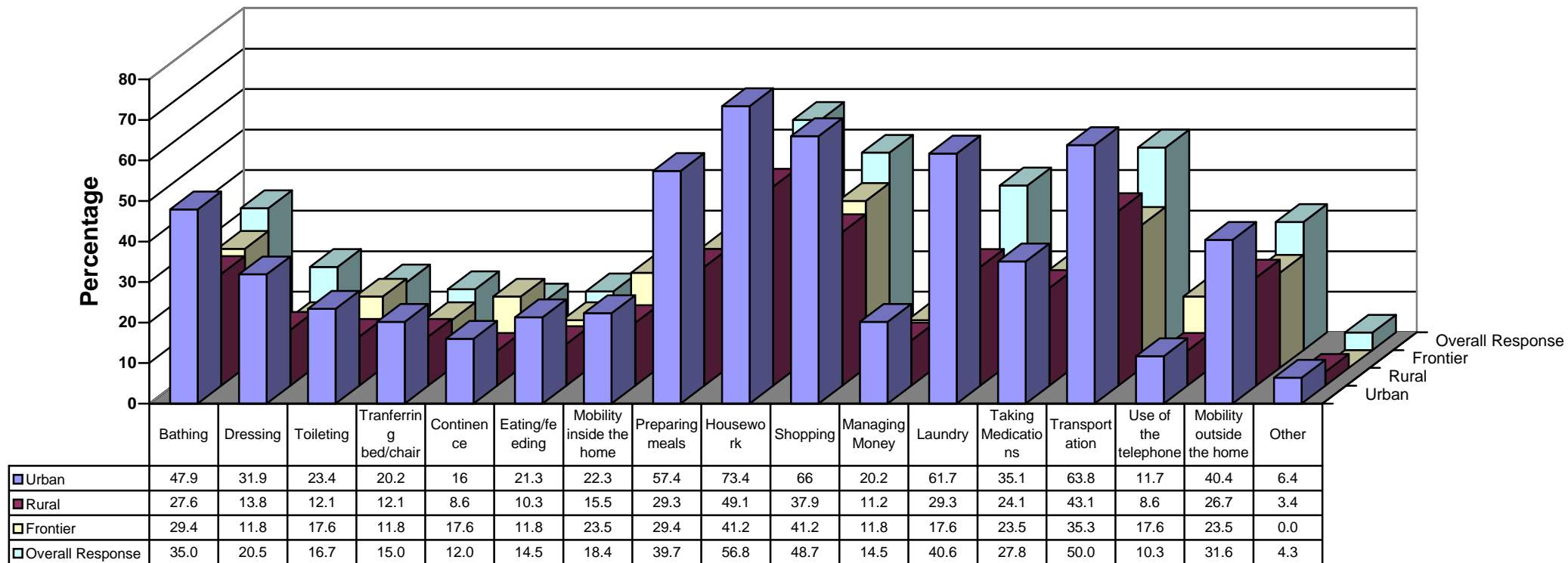
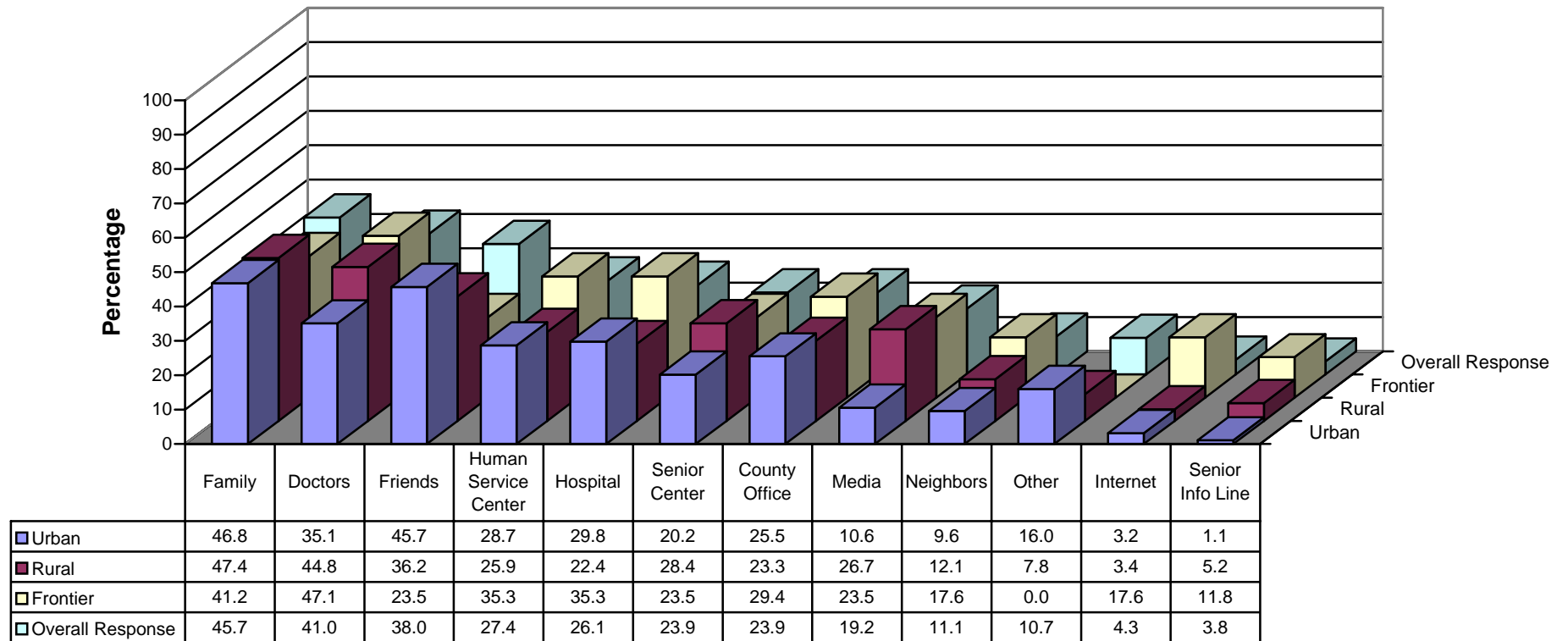


Figure 14

How are you currently finding out about continuum of care services?



Appendix E
North Dakota Department of Human Services
Definition of Activities of Daily Living (ADL) and
Instrumental Activities of Daily Living (IADL)

North Dakota Department of Human Services
Definitions of Activities of Daily Living (ADL)
and
Instrumental Activities of Daily Living (IADL)

The definitions are as follows:

"Activities of daily living" means the daily self-care personal activities that include bathing, dressing or undressing, eating or feeding, toileting, continence, transferring in and out of bed or chair or on and off the toilet, and mobility inside the home.

"Instrumental activities of daily living" means activities requiring cognitive ability or physical ability, or both. Activities include preparing meals, shopping, managing money, housework, laundry, taking medicine, transportation, using the telephone and mobility outside the home.

Appendix F
Quantitative Data Table - Question 14

Question 14. “Indicate if the services is available, if you are currently using the services, and if you would use the services if it were available? “

*Responses are given as a percentage. Each percentage represents only those who responded to each category. See the subsequent pages for n - values.		Locally Available			Currently Using			Would Use if Available		
		YES	NO	NOT SURE	YES	NO	NOT SURE	YES	NO	NOT SURE
Adult Day Care	Urban	50.6	14.3	35.1	10.4	86.6	3.0	18.3	63.3	18.3
	Rural	13.2	62.3	24.5	2.7	95.9	1.4	24.1	50.6	25.3
	Frontier	0.0	58.3	41.7	0.0	100.0	0.0	40.0	20.0	40.0
	Overall Response	28.6	44.4	27.0	27.6	42.7	29.6	6.6	91.4	2.0
Adult Family Foster Care	Urban	46.7	14.7	38.7	1.5	93.9	4.5	21.0	54.8	24.2
	Rural	19.8	60.4	19.8	2.6	97.4	0.0	17.3	63.0	19.8
	Frontier	0.0	84.6	15.4	9.1	81.8	9.1	22.2	33.3	44.4
	Overall Response	22.9	53.6	23.5	2.6	94.8	2.6	19.1	57.9	23.0
Assisted Living	Urban	72.0	18.7	9.3	20.6	77.9	1.5	34.5	38.2	27.3
	Rural	53.8	37.7	8.5	4.7	91.8	3.5	33.8	36.6	29.6
	Frontier	38.5	46.2	15.4	0.0	100.0	0.0	30.0	30.0	40.0
	Overall Response	59.9	31.0	9.1	11.6	86.0	2.4	33.8	36.8	29.4
Basic Care Facility	Urban	52.1	19.2	28.8	6.3	89.1	4.7	24.6	43.9	31.6
	Rural	48.0	41.0	11.0	2.6	96.2	1.3	28.2	43.7	28.2
	Frontier	41.7	41.7	16.7	0.0	100.0	0.0	22.2	33.3	44.4
	Overall Response	48.4	33.0	18.6	4.0	93.4	2.6	26.3	43.1	30.7
Case Management	Urban	54.9	15.5	29.6	51.6	42.2	6.3	41.8	14.5	43.6
	Rural	43.5	34.8	21.7	32.1	66.7	1.2	32.8	32.8	34.4
	Frontier	36.4	36.4	27.3	20.0	80.0	0.0	37.5	25.0	37.5
	Overall Response	46.9	27.1	26.0	39.2	57.6	3.2	37.1	24.2	38.7
Family Home Care	Urban	47.9	14.1	38.0	18.8	78.1	3.1	31.6	38.6	29.8
	Rural	33.0	39.0	28.0	12.8	85.9	1.3	29.0	43.5	27.5
	Frontier	23.1	38.5	38.5	9.1	81.8	9.1	11.1	22.2	66.7
	Overall Response	37.6	29.6	32.8	15.0	82.4	2.6	28.9	40.0	31.1
Home Delivered Meals	Urban	85.5	6.6	7.9	26.5	69.1	4.4	37.7	27.9	34.4
	Rural	88.2	10.0	1.8	27.7	71.3	1.1	59.4	29.7	10.9
	Frontier	63.6	27.3	9.1	9.1	90.9	0.0	62.5	25.0	12.5
	Overall Response	85.6	9.9	4.5	26.9	70.9	2.3	49.6	28.6	21.8
Homemaker	Urban	84.2	1.3	14.5	52.8	45.8	1.4	67.2	10.3	22.4
	Rural	31.9	67.0	1.1	60.0	16.7	23.3	52.5	20.8	26.7
	Frontier	50.0	16.7	33.3	0.0	100.0	0.0	10.0	30.0	60.0
	Overall Response	63.2	34.9	2.0	31.4	66.9	1.7	75.7	12.6	11.7
Information & Assistance	Urban	47.8	5.8	46.4	39.1	42.2	18.8	57.4	5.6	37.0
	Rural	52.5	20.8	26.7	24.7	75.3	0.0	50.8	17.5	31.7
	Frontier	33.3	25.0	41.7	11.1	88.9	0.0	71.4	28.6	0.0
	Overall Response	49.2	15.3	35.5	29.8	61.8	8.6	54.4	11.2	34.4
Hospital	Urban	84.2	12.3	3.5	26.0	72.0	2.0	76.7	9.3	14.0
	Rural	53.0	47.0	0.0	38.3	61.7	0.0	77.8	16.7	5.6
	Frontier	22.2	77.8	0.0	0.0	100.0	0.0	60.0	0.0	40.0
	Overall Response	63.2	34.9	2.0	31.4	66.9	1.7	75.7	12.6	11.7
Nursing Home Facilities	Urban	79.2	11.1	9.7	21.0	74.2	4.8	25.5	43.6	30.9
	Rural	75.5	21.7	2.8	21.4	77.4	1.2	45.6	24.6	29.8
	Frontier	53.8	38.5	7.7	0.0	100.0	0.0	12.5	37.5	50.0
	Overall Response	75.1	18.7	6.2	19.9	76.9	3.2	33.9	33.9	32.2
Multipurpose Senior Center	Urban	66.7	8.7	24.6	13.8	75.4	10.8	28.1	38.6	33.3
	Rural	75.5	13.6	10.9	28.6	71.4	0.0	53.8	15.4	30.8
	Frontier	69.2	23.1	7.7	10.0	90.0	0.0	50.0	25.0	25.0
	Overall Response	71.6	12.4	16.0	21.4	74.2	4.4	42.3	26.2	31.5

** Responses may not equal 100% due to rounding.

* Responses are given as a percentage. Each percentage represents only those who responded to each category. See the subsequent pages for n - values.		Locally Available			Currently Using			Would Use if Available		
		YES	NO	NOT SURE	YES	NO	NOT SURE	YES	NO	NOT SURE
Personal Care Service	Urban	75.7	2.9	21.4	43.3	50.7	6.0	51.8	12.5	35.7
	Rural	57.4	24.8	17.8	17.1	78.0	4.9	31.7	31.7	36.7
	Frontier	50.0	16.7	33.3	30.0	70.0	0.0	50.0	0.0	50.0
	Overall Response	63.4	16.1	20.4	29.2	65.2	5.6	41.7	21.7	36.7
Respite Care	Urban	63.8	8.7	27.5	6.5	83.9	9.7	38.6	22.8	38.6
	Rural	50.0	27.1	22.9	7.7	89.7	2.6	35.5	35.5	29.0
	Frontier	38.5	30.8	30.8	27.3	72.7	0.0	75.0	25.0	0.0
	Overall Response	54.2	20.1	25.7	8.6	86.1	5.3	39.4	27.6	33.1
Senior Companion Program (SCP)	Urban	56.9	9.2	33.8	7.7	86.2	6.2	31.6	33.3	35.1
	Rural	23.1	48.1	28.8	4.1	94.5	1.4	46.3	28.8	25.0
	Frontier	9.1	45.5	45.5	0.0	100.0	0.0	42.9	28.6	28.6
	Overall Response	34.4	33.9	31.7	6.0	90.6	3.4	40.0	30.3	29.7
Transportation	Urban	78.9	12.7	8.5	44.1	52.9	2.9	69.6	16.1	14.3
	Rural	60.2	28.7	11.1	23.1	75.6	1.3	62.2	27.0	10.8
	Frontier	46.2	30.8	23.1	25.0	75.0	0.0	28.6	42.9	28.6
	Overall Response	66.2	23.1	10.8	33.1	65.0	1.9	63.5	23.4	13.1

“N” Values

		Locally Available	Currently Using	Would Use if Available
Adult Day Care	Urban	77	67	60
	Rural	106	73	83
	Frontier	12	10	10
	Overall Response	199	151	153
Adult Family Foster Care	Urban	75	66	62
	Rural	106	78	81
	Frontier	13	11	9
	Overall Response	196	155	152
Assisted Living	Urban	75	68	55
	Rural	106	85	71
	Frontier	13	10	10
	Overall Response	197	164	136
Basic Care Facility	Urban	73	64	57
	Rural	100	78	71
	Frontier	12	9	9
	Overall Response	188	151	137
Case Management	Urban	71	64	55
	Rural	92	84	61
	Frontier	11	10	8
	Overall Response	177	158	124
Family Home Care	Urban	71	64	57
	Rural	100	78	69
	Frontier	13	11	9
	Overall Response	186	153	135
Home Delivered Meals	Urban	76	68	61
	Rural	110	94	64
	Frontier	11	11	8
	Overall Response	202	175	133
Homemaker	Urban	76	72	58
	Rural	108	91	60
	Frontier	12	11	10
	Overall Response	199	176	128
Information & Assistance	Urban	69	64	54
	Rural	101	77	63
	Frontier	12	9	7
	Overall Response	183	151	125
Hospital	Urban	57	50	43
	Rural	83	60	54
	Frontier	9	6	5
	Overall Response	152	118	103
Nursing Home Facilities	Urban	72	62	55
	Rural	106	84	57
	Frontier	13	9	8
	Overall Response	193	156	121
Multipurpose Senior Center	Urban	69	65	57
	Rural	110	84	65
	Frontier	13	10	8
	Overall Response	194	159	130

		Locally Available	Currently Using	Would Use if Available
Personal Care Service	Urban	70	67	56
	Rural	101	82	60
	Frontier	12	10	4
	Overall Response	186	161	120
Respite Care	Urban	69	62	57
	Rural	96	78	62
	Frontier	13	11	8
	Overall Response	179	151	127
Senior Companion Program (SCP)	Urban	65	65	57
	Rural	104	73	80
	Frontier	11	10	7
	Overall Response	183	149	145
Transportation	Urban	71	68	56
	Rural	108	78	74
	Frontier	13	12	7
	Overall Response	195	160	137

Appendix G

Qualitative Data Responses

<p align="center">Question 3</p> <p align="center">Where do you currently reside? Other</p>	<p align="center">Question 4</p> <p align="center">If YES, please list what services you needed</p>
<ul style="list-style-type: none"> • reside in rent free house, paying all expenses and upkeep • rent apartment • own mobile home • rent • rent apartment • rent trailer house • rent apartment • rent home • rent apartment • retirement apartment complex • Senior apartment • swing bed • swing bed • rented house • swing bed • swing bed • swing bed • rent apartment • rent apartment • swing bed • with parents • Apartment complex • Long term care 	<ul style="list-style-type: none"> • my husband has DSP it's a brain disease • help with cooking, housework, laundry, making bed, getting groceries • a driver, help with husband, he walks with a walker • if one could get yard grass cut in the summer • Dialysis • Skilled nursing care • from an apartment to receive preferred meals, house keeping, laundry • help with walking, climbing stairs • House keeping, transportation, preparing meals, medication assistance • I was living at the care center and transferred to nursing home since I needed more assistance • meals, delivery of pills or medication • due to Parkinson's disease need more care • home health, home maker services • move closer to doctors, specialists • lived out of state to stay with sister • household help, home health, needed to be closer to Dr., life alert • house cleaning, wash clothes, fix beds, help with cooking • swing bed placement • skilled services of nursing home couldn't be by self • swing bed placement • nursing care • help to heal a sore I got at the hospital • doctor helped with care of husband • we drive 10 miles for medical attention • I have cancer and needed someone to be with me all the time • speech therapy • Dr. Wanted me to be closer to clinic and hospital • Low-income housing • Nursing home • Home care – personal care assistant • In need of basic care not available in community • Head injury Rehab • Independent Living • Head injury Rehab- came from another state rehab hospital • Brain Injury Rehab • Head injury rehab • Housing- moving to Illinois to live close to my mom • Head injury (tumor) and coma rehab • Head Injury Rehab • Brain Injury Rehab • Head Injury Rehab • Skilled nursing care • Skilled nursing care • Total ADL assist

Question 5

What choices of continuum of care services were you made aware of before deciding what to do?

<ul style="list-style-type: none"> • State Care Services, HCBS provider • Finally got a doctor that could diagnose it • light house keeping, grocery shopping, laundry • have never had to use • I heard of home care and I knew I would get good care • living at a family members trailer or into a Assisted Living facility in my community • assisted living facilities in other areas • my husband was ill and Dr. advised him to have home health and or hospice plus there is a nursing home in town • home health H.C.B.S meals on wheels • home health care, assisted living • home care, nursing home care • all of them • health screening offers blood pressure hemoglobin's urinalysis, fasting blood sugar, colo-rectal screening and many more helpful things that the elderly often do not think of • household helper • all services • personal care, life line, home maker • lived in home care for several years, I knew about assisted living • house cleaning, bathing surrounded by other people my age • own apartment with volunteers • social services, nursing home, housing development • in home support services • House Keeping • none • they asked me if I would like to transfer • all services • all services • family care, at home care wasn't feasible, convenient nursing home • to move into a handicap apartment building then to get home health care • nursing home, home health care, pay on your own • home care provider • all services from the county 	<ul style="list-style-type: none"> • checked all assisted living facilities either in person or by phone • none • home health care • none, family encouraged the move, made the choice • all services • none • none • none • there are no program alternatives where we live • according to the state it was the cheapest route • pretty much all of them, if you have any assets you hire or purchase all services. If you have no assets it's all free and • someone will handle arrangements the same • living in a nursing home- chose not to do, personal care and homemaker services – currently receive, meals on wheels- currently receive • none • none • after stroke she had home health from hospital but doesn't need it now • all services • none, I had to check and recheck with county S.S.- like pulling teeth • nothing • all services • rehab helped find the services • assisted living, basic care and swing bed • swing bed and nursing home • swing bed, want to be with my husband • what was available in the area • two places in town • someone to go to the doctor, I can't ride alone with out help or go up to the doctor, I can't hear or see very good or ride the bus alone • just this place and another in town • none • just knew we needed to get off the farm • I lived on our farm all my year's until my husband past away in 1965. I moved to here we got noon meals in our town in the 1970's at present and for many we met at the city hall. • Meals on wheels • Meals on wheels, home makers • Prior to move lived in assisted living • No choices available with amount of care needed 	<ul style="list-style-type: none"> • frequent changes at a clinic 15 miles away, now we have a nurse practitioner in town 5 mornings a week for maintenance • I could either live with my daughter or go to the nursing home, doctors had given me two to three months to live so I moved in with my daughter • All choices • All services • lived alone on my farm five miles from help • Availability of the clinic and hospital • None • Housekeeping, laundry, help reading because of her eye sight, meals, personal care • None • Light housekeeping, personal care, errands-shopping • Home care and assisted living • Sr. companion (great), Respite care (great), Social service • Not many • Due to need for skilled care then rehabilitated so a large level of care choices was available facility • Minimal • Had have health RN are prices to place more is basic care • I needed to be close to my husband- who is in the nursing home- I live in an apartment connected to the nursing home • x-wife and daughter decided • Mother said I should go there and doctors in [urban town] also my brother and sister • None- family made choice • No choice- unable to make decision- parents made choice to come to rehab • None parents decided • Came from rehab- friends made choice • Was in nursing home before I came to rehab • None- guardians decided • None- guardians (parents) made the choice • None- guardian decided • Meals on wheels
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<p align="center">Question 6</p> <p align="center">Where do you find information about continuum of care services? Other</p>	<p align="center">Question 7</p> <p align="center">How would you like to find out about continuum of care services that are available? Other</p>
<ul style="list-style-type: none"> • Public health unit • Service coordinator • pastor • yellow pages • HCBS provider • Homecare provider • Rehab • Staff at nursing facility • Public Health • Public health • Social worker and Vocational Rehab • Social Worker • Social Worker • Social Worker at facility • Social Worker at facility • Social Worker • Social Worker • Guardian 	<ul style="list-style-type: none"> • word of mouth • personal visits • one-stop info center would be good • representative • Senior Center • mail • friend • Friends, doctor, family • Not sure • Not sure • Don't know • need skilled care

<p align="center">Question 8</p> <p align="center">What would prevent you from using any continuum of care services available to you? (i.e. lack of transportation, lack of money, fear, etc)</p>	
<ul style="list-style-type: none"> • Transportation, Lack of money • Lack of money • Lack of money • Transportation, money • lack of money, since new Med plan a lot of this comes out of my billfold can't afford it, but need it • nothing • no home health services • lack of money • only drive during day light hours and not at all in the winter and just locally • lack of money • lack of money • lack of money • if I felt that I could care for myself • lack of transportation • lack of transportation • a great desire to remain in ones own home • icy roads and streets, my daughter moved away • lack of transportation • nothing • nothing • transportation • lack of money • transportation, lack of money, I'm paying forty dollars to get to grocery store once a month • transportation, lack of money • If we could not pay required fees • nothing • lack of transportation, lack of money • lack of transportation, ability to get around • lack of transportation • lack of transportation, lack of money 	<ul style="list-style-type: none"> • lack of transportation and money • as of now still drive my car but in the future transportation might be a problem • lack of money • I like to be independent • lack of information • lack of transportation, lack of money • lack of transportation and lack of money • not knowing where to call first • not knowing where to start • lack of money, legally blind and otherwise disabled • it gets expensive, I think insurance policies should be reviewed every 3 years at least be insurance • lack of money, fear of unknown • lack of transportation, health • lack of money, separation from friends and family • lack of transportation, lack of money • lack of money • lack of money, legally blind • lack of transportation, lack of money, fear • transportation • money and transportation • transportation • hard to walk • lack of transportation • lack of transportation and lack of funds • lack of money • there is no reason that would prevent me from using continuum of care services if I need them • transportation, lack of money • lack of money • too much income to continue with social service care • lack of money

Question 8 (continued)

- | | |
|---|--|
| <ul style="list-style-type: none"> • time must pay for all services • nothing prevents me • lack of transportation • Transportation problems • None • transportation, lack of money • transportation, fear, money • lack of resources, transportation, medical care, money etc • handicapped • transportation • none • lack of transportation, lack of money • lack of money • lack of money, transportation, etc • cost • transportation, lack of money • transportation and lack of money • don't know • lack of money • lack of money • nothing • none of the above • lack of money, lack of transportation • lack of transportation and money • nothing • money, fear, poor vision • lack of money • lack of transportation • health • nothing • lack of transportation and someone to go with me to the doctor and hear what he said • arthritis • nothing • like to know all about it first • lack of money • none • lack of information • lack of money and the fact of wanting to be close to relatives and friends in my own community • lack of transportation • lack of information • lack of transportation, lack of money • lack of money and transportation • lack of money and transportation • transportation, lack of money, fear • lack of transportation • Cost, Fear of leaving family • Lack of money- no transportation to my home community of the Senior Center that my friends use • If ever was dissatisfied with service • Lack of transportation • Nothing at this time • Lack of money • None at this time • None | <ul style="list-style-type: none"> • lack of money • nothing • lack of transportation, fear • transportation • transportation • fear • lack of money • lack of transportation and money • nothing • lack of transportation for those needing O2 and closer hospital services for rural areas • nothing • lack of money • lack of money • transportation, money • lack of money, transportation, fear • lack of transportation, lack of money • lack of transportation, lack of money • transportation, lack of money • lack of money and transportation • lack of transportation, lack of money, fear • too far for daily travel • I need too many services 24hrs/day • nothing if they were needed • lack of mobility, chronic pain, dwindling assets, at this • Trying to stay independent as long as possible • Nothing • Lack of transportation • lack of transportation • Lack of money • Lack of money • Some VR counselors drop you and sweep you in the corner and don't get you a job • I am almost blind • Need to get better first • Community I want to live in after discharge has few services- I don't think I'll need many except a job, place to live • New place I want to get familiar with • Want to go home to kids in hometown • Don't want any- want to go home • Have to get better first • Want to move back home- not many services • I need to live at a nursing home • Cost, transportation • Require skilled care • no prevention • Lack of services • Nothing • Being unaware of the services • Lack of money for staff or not enough staff |
|---|--|

Question 10 How are you currently paying for services? Other		
<ul style="list-style-type: none"> • N/A at this time • MC • Don't need service • Medicare • Not using • Medicare • Medicare • county social services • care giver services • SPED • social services • social services • Medicare • SSI • social service 	<ul style="list-style-type: none"> • H.C.B.S. • Medicare • social security check • county social services • social services • donations to program • SSI • social services • HCBS provider • social services • County • hospital • county • cash • social security 	<ul style="list-style-type: none"> • Medicare • SPED • husband on Medicaid • SPED • VA • Social Services • Medicare and Blue Cross • Medicare and supplement • special needs family trust fund • Medicare • SPED • Social Services • Sped, Medicaid, S.S. • County-funded Homemaker • Medicare

Question 12 If you could have one source or place for finding out about continuum of care services available in your community, what would it look like, be like? Please describe.	
<ul style="list-style-type: none"> • Home care for the elderly. Our daughter has been here taking care of her dad for almost 1 ½ years because I couldn't do it any more • fans and lights on ceilings window that are tight, central air, full-time superintendent in building • department of human services • get all info through senior centers and health unit (screenings) • hospital and clinic • check local assisted living facility • bus- transportation • clinic or doctor • a mailer stating what services are available to handicapped and elderly it would list all kind of services, phone numbers, etc • I only have QSP 1 hr per day in the morning, 5 days a week, I'd like someone late afternoon • social services office has been good to let me know about help I can get • the health unit is very good with helping the people with health problems and medications. The hospital also helps with patient allocation and referring people to the right channels and places • doctor • it would be nice if there were a health channel on T.V. just for local info for needs. • a booklet in plain simple English • print material in the mail • Senior Service • cover letter along with a booklet • more pleasant • newspaper • outreach workers with a number to call to schedule visit • contact my family and they will take care of it • real handy • senior center • a building that is handicap accessible, information desk, a person to help you find what you are looking for • receive information from case manager • someone to come into the home instead of running around to all of the places 	<ul style="list-style-type: none"> • the continuum of care is so broad that specifying one location would not work. Would be nice to have list of agencies involved and what they offer • human service center/ social worker provide a list in writing • an office that you could park in front of and have easy access to get into, or have someone to come out and see me in my home • apartment, or assisted living • social services • human service center notify me by letter/printed matter • a handicap accessible building with reps from all possible available services always available • 1 office to go to or have someone come to the house to see what is needed • hospital or county office • don't know • a qualified person in a place probably in the county you live in • face to face • HCBS provider • social service representative • newsletter • county office • someone to explain certain bills, help in signing up to get the right prescription Medicaid plan • it would be a building where some friendly people worked • someone coming to our home to explain all that is available • It would be very nice • newspaper • hard to have one place knowing all services • unsure • human services center • personal visit, someone with knowledge • phone • home health • senior citizen, mail or home • send information to people that need it • printed material (pamphlets, etc) available at doctor's office • It would be easier life, but I would still like my garden and flowers

Question 12 (continued)

<ul style="list-style-type: none"> • one central office, social services or a program (office) specifically set up for that purpose • Senior citizen services • all offices in one building • a case manager • a representative/newspaper • hospital • human services • don't know • newspaper • printed material • through HCBS via telephone, written etc, newspaper (not county social service, they're hopeless) • in telephone book would be handy • reading material or a person to explain • A comfortable, attractive, easily accessible area with a warm and friendly people-person as manager • Like county office • News letter? • Unsure • An office to help or fight for more accessible housing and better pay for caregivers • Have a friendly homey atmosphere • Person to person 	<ul style="list-style-type: none"> • an office or meeting place, similar as a clinic but available all day • internet, so I could access it myself when I wanted to • newspaper • don't know • County office • Don't understand this question • Through the mail • County Social Worker • Mail • Handicap accessible, one store building • One source would be easiest- Doctor • An office where a person could talk to a person face to face • Someone who cares and will do the job they are paid for • Someone to help me live in apartment not with "retarded" • Don't know • Don't know • Don't know- will know if I like it when I get there • Don't know • Don't know • Don't know • Sr. Citizen Center • A face to face person to talk to • Want to talk to someone person to person
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<p>Question 13</p> <p>What would the one source for finding out about continuum of care services have available? Other</p>	<p>Question 17</p> <p>Who helps you make decisions regarding your continuum of care? Other</p>
<ul style="list-style-type: none"> • some one for heavier cleaning • where to find supplies (ie gloves, cath supplies...) • screenings public health • train workers • recreation and entertainment • monitor/train workers • better food stamp services • adult day care • personal knowledge • All of these • I don't understand • All of these • Job, house • Sr. Citizen Center 	<ul style="list-style-type: none"> • non family, friend, caregiver • lady friend • QSP provider • nurses, social services • outreach • friends • Do not need anyone at this time • Adult Foster Care given • Social welfare and basic care facility • social worker at basic care facility • No one now • Public health nurse • Social Worker • Guardian

<p>Question 18 If NO, what continuum of care services do you need in your community?</p>	<p>Question 19 If NO, what would you have wanted help with?</p>
<ul style="list-style-type: none"> • More information that doesn't require the computer • better transportation, i.e. evenings/weekends and to expensive transportation • transportation, escort • transportation • case worker, better food stamp services • place to come when needed, phone call assistance • adult family foster care • our rural community doesn't have the resources or perhaps the need for specific programs • adult day care, SCP • few services here • more wheelchair accessible housing, social companionship, more and better transportation • last minute care taken if you are care giver for spouse, to give you time off • respite, day care, alternative health, social opportunities for handicapped • assisted living • case management, home delivered meals, homemaker, information and assistance, senior center • better doctor would be good • more home maker services local transportation to store, post office and to get groceries • more choice for providers to work with person with greater needs • adult daycare, family foster care, respite care, case management, information and assistance, Senior Center, personal care service • no 24 hour caregivers other than family • transportation, companion program • Needs a place for physician, Handicapped, and 24 hr. supervision • Most important for me would be an assisted living facility • Assisted living • Assistant Living • Transportation • Someone to get me a job • Apartment with help not around retarded • More housing and job • Apartment with help • Don't know yet- moving out this summer 	<ul style="list-style-type: none"> • Less paper work, and a friendly staff • vacuuming under bed, curtains taken down and dusted, windows washed, someone to talk to when I hurt so bad I can't sleep • information • written list of all services available • decent food stamp service, prescription plan help, better QSP people • someone who could use step ladder things that are out of reach • respite care • meals • no one really explained, my mom just did her best to find out what was available and how to access it • understanding and tolerance of medical needs, explanation of everything in person to person and in writing • knowing what all the services there are available • to go to the doctor appointments • funds • more details, information, it is not thorough enough • Do not need at this time • I have not needed any help as of yet • Is this from Human Service? Yes I have had some help. • Information about what is available • Better advice on housing, providers • Vocational Rehab to do the job they get paid for • Not sure • Not sure • Don't know • Not sure- my mom would know

